

# 2014 PRC Community Health Needs Assessment Report

Primary Service Area

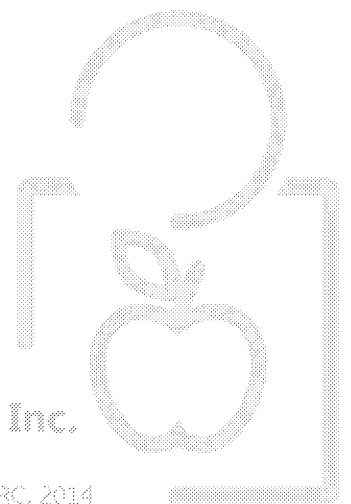
Sponsored by  
**St. James Healthcare**

In Cooperation With  
**The Butte-Silver Bow Public Health Department and  
Southwest Montana Community Health Center**



**Professional Research Consultants, Inc.**

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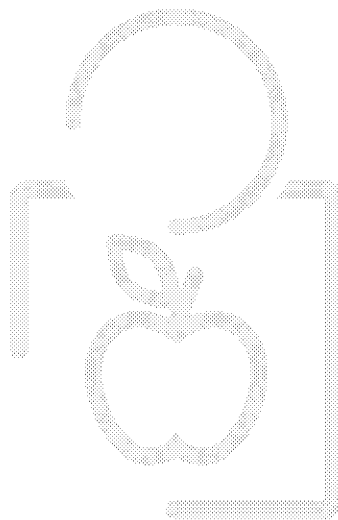
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# INTRODUCTION



# Project Overview

## Project Goals

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in the service area of St. James Healthcare in Butte, Montana. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- ◆ **To improve residents' health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- ◆ **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents' health.
- ◆ **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted by Professional Research Consultants, Inc. (PRC) on behalf of St. James Healthcare, in cooperation with the Butte-Silver Bow Public Health Department and Southwest Montana Community Health Center. PRC is a nationally-recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States since 1994.

## Methodology

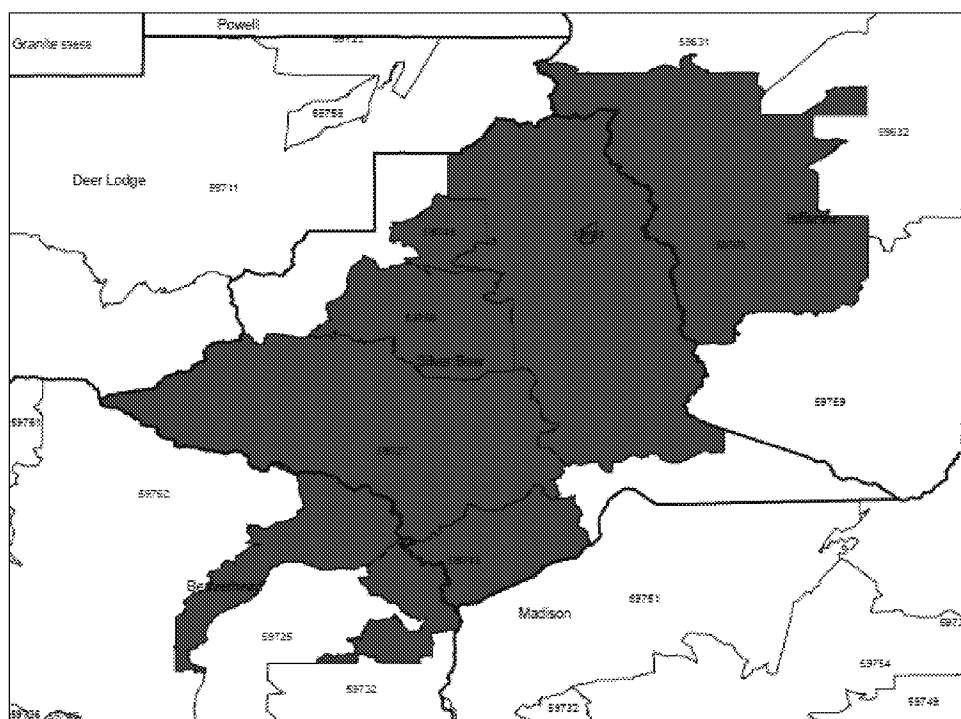
This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the PRC Community Health Survey), which allows for comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through an Online Key Informant Survey.

### Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by the St. James Healthcare and PRC.

### Community Defined for This Assessment

The study area for the survey effort (referred to as the “Primary Service Area” in this report) is defined as each of the residential ZIP Codes comprising the service area, including 59701, 59702, 59703, 59727, 59743, 59748, and 59750. This community definition, determined based on the ZIP Codes of residence of recent patients of St. James Healthcare, is illustrated in the following map.



### Sample Approach & Design

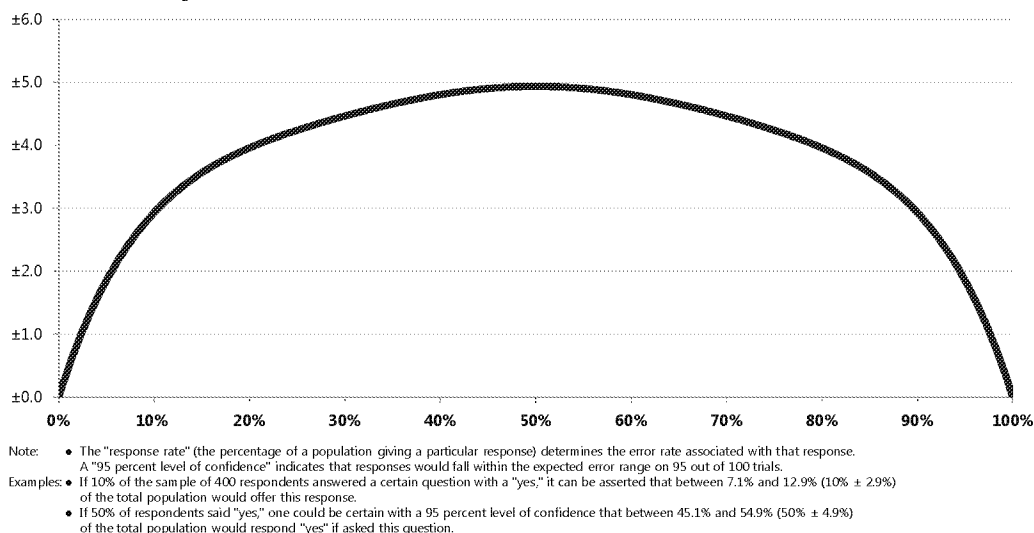
A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the *PRC Community Health Survey*. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency and random-selection capabilities.

The sample design used for this effort consisted of a random sample of 400 individuals age 18 and older in the Primary Service Area. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the Primary Service Area as a whole. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

#### Sampling Error

For statistical purposes, the maximum rate of error associated with a sample size of 400 respondents is  $\pm 4.9\%$  at the 95 percent level of confidence.

**Expected Error Ranges for a Sample of 400 Respondents at the 95 Percent Level of Confidence**



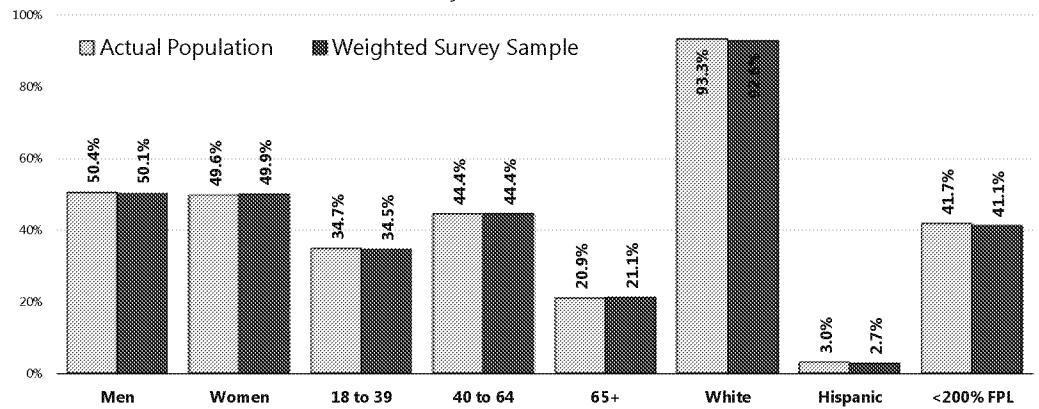
#### Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. And, while this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely gender, age, race, ethnicity, and poverty status) and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the Primary Service Area sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child's healthcare needs, and these children are not represented demographically in this chart.]

## Population & Survey Sample Characteristics

(Primary Service Area, 2014)



Sources: • Census 2010, Summary File 3 (SF 3). U.S. Census Bureau.  
• 2014 PRC Community Health Survey, Professional Research Consultants, Inc.

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (*e.g., the 2014 guidelines place the poverty threshold for a family of four at \$23,850 annual household income or lower*). In sample segmentation: **"low income"** refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice the poverty threshold; **"mid/high income"** refers to those households living on incomes which are twice or more the federal poverty level.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

### Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey was also implemented as part of this process. A list of recommended participants was provided by St. James Healthcare; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were first contacted by letter to request their participation; follow-up emails were then sent with a link to take a survey online. Final participation included representatives of the organizations outlined below.

| Participating Organizations                  | Populations Served   |                      |                       |
|--|----------------------|----------------------|-----------------------|
|  | Low-Income Residents | Minority Populations | Medically Underserved |
| 2nd Judicial District Youth Court Probation  | •                    | •                    | •                     |
| A-1 Ambulance                                |                      |                      |                       |
| Aaron M. Shearman DDS - Butte Dentistry      | •                    | •                    |                       |
| Acadia Montana                               | •                    | •                    | •                     |
| Adult Protective Services                    |                      |                      |                       |
| Anderson ZurMuehlen & Company                |                      |                      |                       |
| AWARE Inc./AWARE Early Head Start            |                      |                      |                       |
| Belmont Senior Center                        |                      |                      |                       |
| Big Brothers Big Sisters                     |                      |                      |                       |
| Big Sky Senior Living on Waterford Way       |                      |                      | •                     |
| BSW, Inc.                                    |                      |                      |                       |
| Butte 4-C's                                  | •                    | •                    |                       |
| Butte Broadcasting                           | •                    | •                    | •                     |
| BUTTE CARES Inc                              | •                    | •                    |                       |
| Butte Central Catholic High School           | •                    | •                    | •                     |
| Butte Chamber of Commerce                    |                      |                      |                       |
| Butte Community Health Center                | •                    | •                    | •                     |
| Butte Emergency Food Bank                    | •                    | •                    |                       |
| Butte Rescue Mission                         |                      |                      |                       |
| Butte School District                        | •                    | •                    | •                     |
| Butte4-C's                                   | •                    | •                    |                       |
| Butte-Silver Bow Community Development       | •                    | •                    |                       |
| Butte-Silver Bow Council of Commissioners    | •                    | •                    | •                     |
| Butte-Silver Bow Disaster/Emergency Services |                      |                      |                       |
| Butte-Silver Bow Health Department           | •                    | •                    | •                     |
| CCCS, Inc.                                   |                      |                      |                       |
| Dentist                                      |                      |                      |                       |
| Dentist                                      | •                    | •                    | •                     |
| Easter Seals-Goodwill                        | •                    | •                    | •                     |
| Family Outreach Inc.                         | •                    | •                    | •                     |
| Frontier Home Health & Hospice               |                      |                      |                       |
| Head Start                                   |                      |                      |                       |
| Homeward Bound                               |                      |                      |                       |
| HRC District XII                             |                      |                      |                       |
| Lowney Dental                                | •                    | •                    | •                     |
| Marquis Assisted Living                      |                      |                      |                       |
| Mercury Street Medical                       |                      |                      |                       |
| Montana Department of Family Services        |                      |                      |                       |
| Montana Independent Living Project           | •                    | •                    | •                     |
| Montana Mental Health Ombudsman              | •                    | •                    | •                     |
| Montana Orthopedics                          | •                    | •                    | •                     |

---

Montana Resources, Inc.

Montana Tech

• • •

Montana Tech

• • •

MT Tech

• • •

Public Housing Authority of Butte

• • •

RSVP

Safe Space

• • •

Southwest Montana Aging & Disability Services

• • •

St. James Community Board

St. James Healthcare

• • •

St. James Healthcare Foundation

• • •

St. James Medical Group

• • •

Summit Financial Advisors

Town Pump Inc.

U.S. Bankruptcy Court

United Way of Butte and Anaconda

• • •

University of Montana

Youth Dynamics

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Through this process, input was gathered from several individuals whose organizations work with low-income, minority populations (including Hispanic, African American, Native American, Middle Eastern), or other medically underserved populations (including those who are elderly, young, disabled, LGBT, veterans, uninsured/underinsured, Medicaid/Medicare, mentally ill, and/or homeless).

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such, and how these might be better addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

*NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts.*

## Benchmark Data

### Montana Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data are reported in the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trend Data* published by the Centers for Disease Control and Prevention and the US Department of Health & Human Services.

### Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2013 PRC National Health Survey*; the methodological approach for the national study is identical to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence.



Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has

established benchmarks and monitored progress over time in order to:

- ◆ Encourage collaborations across sectors.
- ◆ Guide individuals toward making informed health decisions.
- ◆ Measure the impact of prevention activities.

Healthy People 2020 is the product of an extensive stakeholder feedback process that is unparalleled in government and health. It integrates input from public health and prevention experts, a wide range of federal, state and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public. More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 objectives.

### Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In addition, this assessment does not include secondary data from existing sources which can provide relevant data collected through death certificates, birth certificates, or notifications of infectious disease cases in the community.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly a great number of medical conditions that are not specifically addressed.



# IRS Form 990, Schedule H Compliance

For non-profit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Form 990 Schedule H, the following table cross-references related sections.

|  |                      |
|--|----------------------|
| <b>Part V Section B Line 1a</b> .....  | See Page 7           |
| <i>A definition of the community served by the hospital facility</i>   |                      |
| <b>Part V Section B Line 1b</b> .....  | See Page 9           |
| <i>Demographics of the community</i>   |                      |
| <b>Part V Section B Line 1c</b> .....  | See Page 179         |
| <i>Existing health care facilities and resources within the community that are available to respond to the health needs of the community</i> |                      |
| <b>Part V Section B Line 1d</b> .....  | See Page 6           |
| <i>How data was obtained</i>   |                      |
| <b>Part V Section B Line 1e</b> .....  | See Page 14          |
| <i>The health needs of the community</i>   |                      |
| <b>Part V Section B Line 1f</b> .....  | Addressed Throughout |
| <i>Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</i>               |                      |
| <b>Part V Section B Line 1g</b> .....  | See Page 15          |
| <i>The process for identifying and prioritizing community health needs and services to meet the community health needs</i>                   |                      |
| <b>Part V Section B Line 1h</b> .....  | See Page 9           |
| <i>The process for consulting with persons representing the community's interests</i>  |                      |
| <b>Part V Section B Line 1i</b> .....  | See Page 12          |
| <i>Information gaps that limit the hospital facility's ability to assess the community's health needs</i>                                    |                      |

# Summary of Findings

## Significant Health Needs of the Community

The following “areas of opportunity” represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in *Healthy People 2020*. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

| Areas of Opportunity Identified Through This Assessment |  |
|---|--|
| <b>Access to Health Services</b>                        | <ul style="list-style-type: none"> <li>• Routine Medical Checkups for Children</li> <li>• Ratings of Local Healthcare Services</li> </ul>  |
| <b>Cancer</b>   | <ul style="list-style-type: none"> <li>• Cancer Screenings               <ul style="list-style-type: none"> <li>○ Mammography</li> <li>○ Pap Smear Testing</li> <li>○ Colorectal Cancer Screening</li> </ul> </li> </ul>   |
| <b>Disability &amp; Conditions of Aging</b>             | <ul style="list-style-type: none"> <li>• “Fair/Poor” Physical Health</li> <li>• Activity Limitations</li> <li>• Arthritis/Rheumatism (Age 50+)</li> <li>• Sciatica/Chronic Back Pain</li> <li>• Deafness/Trouble Hearing</li> </ul>  |
| <b>Diabetes</b>   | <ul style="list-style-type: none"> <li>• Borderline/Pre-Diabetes</li> <li>• <i>Diabetes ranked #4 as a “major problem” in the Online Key Informant Survey; their concerns include:</i> <ul style="list-style-type: none"> <li>○ Education and Prevention</li> <li>○ Diet and Exercise</li> <li>○ Access to Care</li> </ul> </li> </ul>   |
| <b>Heart Disease &amp; Stroke</b>                       | <ul style="list-style-type: none"> <li>• Hypertension</li> <li>• High Blood Cholesterol</li> <li>• Cardiovascular Risk Factors</li> </ul>  |
| <b>Injury &amp; Violence Prevention</b>                 | <ul style="list-style-type: none"> <li>• Use of Seat Belts</li> <li>• Firearms in the Home (Including Homes w/Children)</li> </ul>   |
| <b>Mental Health &amp; Mental Disorders</b>             | <ul style="list-style-type: none"> <li>• <i>Mental Health ranked #1 as a “major problem” in the Online Key Informant Survey; their concerns include:</i> <ul style="list-style-type: none"> <li>○ Inadequate Resources</li> <li>○ Access to Care</li> <li>○ Stigma</li> <li>○ Dual Diagnosis</li> <li>○ Housing &amp; Homelessness</li> </ul> </li> </ul>  |
| <b>Nutrition, Physical Activity &amp; Weight</b>        | <ul style="list-style-type: none"> <li>• Difficulty Buying Fresh Produce</li> <li>• Overweight &amp; Obesity</li> <li>• <i>Nutrition/Physical Activity/Weight ranked #5 as a “major problem” in the Online Key Informant Survey; their concerns include:</i> <ul style="list-style-type: none"> <li>○ Lifestyle Choices</li> <li>○ Cost-Related Issues</li> <li>○ Built Environment &amp; Weather</li> <li>○ Culture/Tradition</li> <li>○ Education/Awareness</li> </ul> </li> </ul> |

— continued next page —

| Areas of Opportunity (continued) |  |
|----------------------------------|--|
| <b>Respiratory Diseases</b>      | <ul style="list-style-type: none"> <li>Chronic Obstructive Pulmonary Disease (COPD) Prevalence</li> </ul>  |
| <b>Tobacco Use</b>               | <ul style="list-style-type: none"> <li>Current Smokers</li> <li>Use of Smokeless Tobacco</li> <li>Tobacco Use ranked #3 as a "major problem" in the Online Key Informant Survey; their concerns include:               <ul style="list-style-type: none"> <li>High Prevalence of Tobacco Use</li> <li>Youth</li> <li>Addiction</li> <li>Culture/Tradition</li> </ul> </li> </ul>   |
| <b>Substance Abuse</b>           | <ul style="list-style-type: none"> <li>Substance Abuse ranked #2 as a "major problem" in the Online Key Informant Survey; their concerns include:               <ul style="list-style-type: none"> <li>High Prevalence of Substance Abuse</li> <li>Culture/Tradition</li> <li>Inadequate Resources/Access</li> <li>Barriers to Treatment: Stigma/Denial, Education/Awareness, Motivation</li> <li>At-Risk Groups: Youth, Low Income Residents, Mentally Ill</li> </ul> </li> </ul> |

### Prioritization of Health Needs

On October 23, 2014, approximately 40 representatives of various community organizations met to evaluate, discuss and prioritize health issues for the community, based on findings of the 2014 PRC Community Health Needs Assessment (CHNA). Professional Research Consultants, Inc. (PRC) began the meeting with a presentation of key findings from the CHNA, highlighting the significant health issues identified from the research (see Areas of Opportunity above).

Following the data review, PRC answered any questions and facilitated a group dialogue, allowing participants to advocate for any of the health issues discussed. Representatives of St. James Healthcare, Butte-Silver Bow Health Department and Southwest Montana Community Health Center also provided guidance to the group, describing existing activities, initiatives, resources, etc., relating to the Areas of Opportunity. Finally, participants were provided an overview of the prioritization exercise that followed.

In order to assign priority to the identified health needs (i.e., Areas of Opportunity), a wireless audience response system was used in which each participant was able to register his/her ratings using a small remote keypad. The participants were asked to evaluate each health issue along two criteria:

- ◆ **Scope & Severity** — The first rating was to gauge the magnitude of the problem in consideration of the following:
  - How many people are affected?
  - How does the local community data compare to state or national levels, or Healthy People 2020 targets?
  - To what degree does each health issue lead to death or disability, impair quality of life, or impact other health issues?

Ratings were entered on a scale of 1 (not very prevalent at all, with only minimal health consequences) to 10 (extremely prevalent, with very serious health consequences).

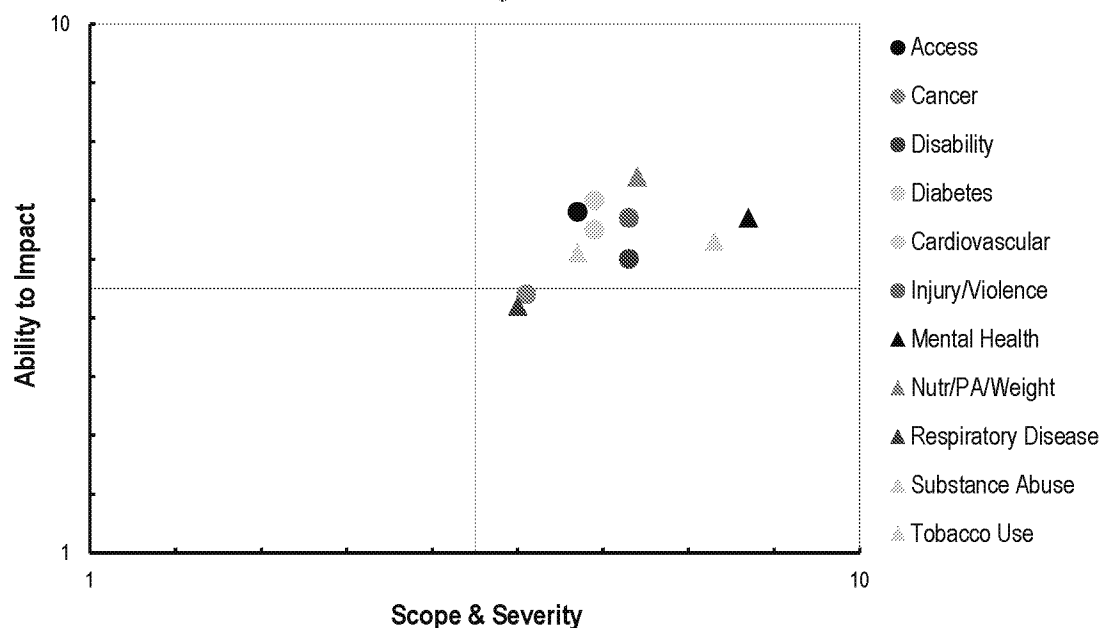
- ◆ **Ability to Impact** — A second rating was designed to measure the perceived likelihood of the hospital having a positive impact on each health issue, given available resources, competencies, spheres of influence, etc. Ratings were entered on a scale of 1 (no ability to impact) to 10 (great ability to impact).

Individuals' ratings for each criteria were averaged for each tested health issue, and then these composite criteria scores were averaged to produce an overall score. This process yielded the following prioritized list of community health needs:

| Priority | Health Issue                          | Scope & Severity Score | Ability to Impact Score | Average Score |
|----------|---------------------------------------|------------------------|-------------------------|---------------|
| 1        | Mental Health                         | 8.73                   | 6.73                    | 7.73          |
| 2        | Nutrition, Physical Activity & Weight | 7.39                   | 7.37                    | 7.38          |
| 3        | Substance Abuse                       | 8.29                   | 6.34                    | 7.32          |
| 4        | Injury & Violence                     | 7.29                   | 6.66                    | 6.98          |
| 5        | Diabetes                              | 6.88                   | 7.02                    | 6.95          |
| 6        | Access to Healthcare Services         | 6.69                   | 6.83                    | 6.76          |
| 7        | Heart Disease & Stroke                | 6.85                   | 6.53                    | 6.69          |
| 8        | Disability & Conditions of Aging      | 7.31                   | 5.95                    | 6.63          |
| 9        | Tobacco Use                           | 6.68                   | 6.10                    | 6.39          |
| 10       | Cancer                                | 6.10                   | 5.44                    | 5.77          |
| 11       | Respiratory Diseases                  | 5.95                   | 5.23                    | 5.59          |

Plotting these overall scores in a matrix illustrates the intersection of the Scope & Severity and the Ability to Impact scores. Below, those issues placing in the upper right (shaded) quadrant represent health needs rated as most severe, with the greatest ability to impact.

**Prioritization of Community Issues**



While the hospital will likely not implement strategies for all of these health issues, the results of this prioritization exercise will be used to inform the development of St. James Healthcare's Implementation Strategy to address the top health needs of the community in the coming years.








## Summary Tables: Comparisons With Benchmark Data


















The following tables provide an overview of indicators in the Primary Service Area. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.










### Reading the Summary Tables








- In the following charts, Primary Service Area results are shown in the larger, blue column.
- The columns to the right of the Primary Service Area column provide comparisons between local data and any available state and national findings, and Healthy People 2020 targets. Symbols indicate whether the Primary Service Area compares favorably (☺), unfavorably (☹), or comparably (☐) to these external data.








Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.













| General Health Status         | Primary Service Area | Primary Service Area vs. Benchmarks   |  |  |
|-------------------------------|----------------------|---|--|--|
|                               |                      | vs. MT  | vs. US   | vs. HP2020   |
| % "Fair/Poor" Physical Health | 22.3                 | <br>15.8   | <br>15.3    |  |
| % Activity Limitations        | 31.5                 | <br>23.2   | <br>21.5    |  |
|                               |                      | <br>better | <br>similar | <br>worse |






| Access to Health Services                                  | Primary Service Area | Primary Service Area vs. Benchmarks   |   |   |
|--|----------------------|---|---|---|
|  |                      | vs. MT  | vs. US  | vs. HP2020  |
| % [Age 18-64] Lack Health Insurance                        | 15.6                 | <br>23.2 | <br>15.1   | <br>0.0    |
| % [Insured] Went Without Coverage in Past Year             | 7.3                  |   | <br>8.1    |   |
| % Difficulty Accessing Healthcare in Past Year (Composite) | 39.2                 |   | <br>39.9   |   |
| % Inconvenient Hrs Prevented Dr Visit in Past Year         | 9.1                  |   | <br>15.4  |   |
| % Cost Prevented Getting Prescription in Past Year         | 13.3                 |   | <br>15.8 |   |
| % Cost Prevented Physician Visit in Past Year              | 18.8                 |   | <br>18.2 |   |
| % Difficulty Getting Appointment in Past Year              | 11.3                 |   | <br>17.0 |   |
| % Difficulty Finding Physician in Past Year                | 10.2                 |   | <br>11.0 |   |
| % Transportation Hindered Dr Visit in Past Year            | 7.8                  |   | <br>9.4  |   |
| % Skipped Prescription Doses to Save Costs                 | 11.6                 |   | <br>15.3 |   |
| % Difficulty Getting Child's Healthcare in Past Year       | 3.5                  |   | <br>6.0  |   |
| % [Age 18+] Have a Specific Source of Ongoing Care         | 78.0                 |   | <br>76.3 | <br>95.0 |
| % [Age 18-64] Have a Specific Source of Ongoing Care       | 77.3                 |   | <br>75.6 | <br>89.4 |








| Access to Health Services (continued)              | Primary Service Area | Primary Service Area vs. Benchmarks   |  |  |
|--|----------------------|---|--|--|
|  |                      | vs. MT  | vs. US   | vs. HP2020   |
| % [Age 65+] Have a Specific Source of Ongoing Care | 80.5                 |   | <br>80.0    | <br>100.0 |
| % Have Had Routine Checkup in Past Year            | 64.2                 |   | <br>65.0    |  |
| % Child Has Had Checkup in Past Year               | 64.2                 |   | <br>84.1    |  |
| % Two or More ER Visits in Past Year               | 3.9                  |   | <br>8.9     |  |
| % Rate Local Healthcare "Fair/Poor"                | 25.4                 |   | <br>16.5    |  |
|  |                      | <br>better | <br>similar | <br>worse |





| Arthritis, Osteoporosis & Chronic Back Conditions | Primary Service Area | Primary Service Area vs. Benchmarks   |  |  |
|---|----------------------|---|--|--|
|   |                      | vs. MT  | vs. US   | vs. HP2020   |
| % [50+] Arthritis/Rheumatism                      | 44.1                 |   | <br>37.3    |  |
| % [50+] Osteoporosis                              | 13.4                 |   | <br>13.5    | <br>5.3   |
| % Sciatica/Chronic Back Pain                      | 27.8                 |   | <br>18.4    |  |
|   |                      | <br>better | <br>similar | <br>worse |

| Cancer                                    | Primary Service Area | Primary Service Area vs. Benchmarks   |   |   |
|---|----------------------|---|---|---|
|   |                      | vs. MT  | vs. US  | vs. HP2020  |
| % Skin Cancer                             | 4.8                  | <br>6.8  | <br>6.7  |   |
| % Cancer (Other Than Skin)                | 7.2                  | <br>8.0  | <br>6.1  |   |
| % [Women 50-74] Mammogram in Past 2 Years | 63.7                 | <br>68.9 | <br>83.6 | <br>81.1 |





















| Cancer (continued)                           | Primary Service Area | Primary Service Area vs. Benchmarks   |  |  |
|--|----------------------|---|--|--|
|  |                      | vs. MT  | vs. US   | vs. HP2020   |
| % [Women 21-65] Pap Smear in Past 3 Years    | 75.8                 | <br>76.1   | <br>83.9    | <br>93.0  |
| % [Age 50+] Sigmoid/Colonoscopy Ever         | 63.7                 | <br>61.5   | <br>75.2    |  |
| % [Age 50+] Blood Stool Test in Past 2 Years | 22.5                 | <br>10.9   | <br>36.9    |  |
| % [Age 50-75] Colorectal Cancer Screening    | 55.0                 |   | <br>75.1    | <br>70.5  |
|  |                      | <br>better | <br>similar | <br>worse |






| Chronic Kidney Disease | Primary Service Area | Primary Service Area vs. Benchmarks  |   |   |
|------------------------|----------------------|--|---|---|
|                        |                      | vs. MT   | vs. US  | vs. HP2020  |
| % Kidney Disease       | 3.0                  | <br>2.3     | <br>3.0      |   |
|                        |                      | <br>better | <br>similar | <br>worse |















| Diabetes  | Primary Service Area | Primary Service Area vs. Benchmarks   |  |  |
|---|----------------------|---|--|--|
|   |                      | vs. MT  | vs. US   | vs. HP2020   |
| % Diabetes/High Blood Sugar                         | 11.2                 | <br>7.2    | <br>11.7    |  |
| % Borderline/Pre-Diabetes                           | 10.7                 |   | <br>5.1     |  |
| % [Non-Diabetes] Blood Sugar Tested in Past 3 Years | 52.3                 |   | <br>49.2    |  |
|   |                      | <br>better | <br>similar | <br>worse |














| Hearing & Other Sensory or Communication Disorders | Primary Service Area | Primary Service Area vs. Benchmarks   |  |  |
|--|----------------------|---|--|--|
|  |                      | vs. MT  | vs. US   | vs. HP2020   |
| % Deafness/Trouble Hearing                         | 19.3                 |   | <br>10.3    |  |
|  |                      | <br>better | <br>similar | <br>worse |
























| Heart Disease & Stroke                                   | Primary Service Area | Primary Service Area vs. Benchmarks   |  |  |
|--|----------------------|---|--|--|
|  |                      | vs. MT  | vs. US   | vs. HP2020   |
| % Heart Disease (Heart Attack, Angina, Coronary Disease) | 7.8                  |   | <br>6.1       |  |
| % Stroke   | 4.4                  | <br>3.1      | <br>3.9       |  |
| % Blood Pressure Checked in Past 2 Years                 | 95.3                 |   | <br>91.0      | <br>92.6    |
| % Told Have High Blood Pressure (Ever)                   | 44.7                 | <br>30.2     | <br>34.1      | <br>26.9    |
| % [HBP] Taking Action to Control High Blood Pressure     | 89.0                 |   | <br>89.2      |  |
| % Cholesterol Checked in Past 5 Years                    | 86.8                 | <br>69.6     | <br>86.6      | <br>82.1    |
| % Told Have High Cholesterol (Ever)                      | 37.7                 | <br>34.6     | <br>29.9      | <br>13.5    |
| % [HBC] Taking Action to Control High Blood Cholesterol  | 85.3                 |   | <br>81.4      |  |
| % 1+ Cardiovascular Risk Factor                          | 89.8                 |   | <br>82.3    |  |
|  |                      | <br>better | <br>similar | <br>worse |







| HIV                                     | Primary Service Area | Primary Service Area vs. Benchmarks   |  |  |
|---|----------------------|---|--|--|
|   |                      | vs. MT  | vs. US   | vs. HP2020   |
| % [Age 18-44] HIV Test in the Past Year | 17.4                 |   | <br>19.3    | <br>18.9  |
|   |                      | <br>better | <br>similar | <br>worse |










| Immunization & Infectious Diseases              | Primary Service Area | Primary Service Area vs. Benchmarks   |   |   |
|---|----------------------|---|---|---|
|   |                      | vs. MT  | vs. US  | vs. HP2020  |
| % [Age 65+] Flu Vaccine in Past Year            | 62.9                 | <br>57.5 | <br>57.5 | <br>90.0 |
| % [High-Risk 18-64] Flu Vaccine in Past Year    | 49.6                 |   | <br>45.9 | <br>90.0 |
| % [Age 65+] Pneumonia Vaccine Ever              | 72.4                 | <br>69.5 | <br>68.4 | <br>90.0 |
| % [High-Risk 18-64] Pneumonia Vaccine Ever      | 37.5                 |   | <br>41.9 | <br>60.0 |
| % Have Completed Hepatitis B Vaccination Series | 34.7                 |   | <br>44.7 |   |
|   |                      |  better  |  similar |  worse   |












| Injury & Violence Prevention                        | Primary Service Area | Primary Service Area vs. Benchmarks   |   |   |
|---|----------------------|---|---|---|
|   |                      | vs. MT  | vs. US  | vs. HP2020  |
| % "Always" Wear Seat Belt                           | 71.3                 | <br>87.4 | <br>84.8 | <br>92.0 |
| % Child [Age 0-17] "Always" Uses Seat Belt/Car Seat | 85.4                 |   | <br>92.2 |   |
| % Child [Age 5-17] "Always" Wears Bicycle Helmet    | 44.3                 |   | <br>48.7 |   |
| % Firearm in Home                                   | 55.5                 |   | <br>34.7 |   |
| % [Homes With Children] Firearm in Home             | 71.4                 |   | <br>37.4 |   |
| % [Homes With Firearms] Weapon(s) Unlocked & Loaded | 17.3                 |   | <br>16.8 |   |
| % Victim of Violent Crime in Past 5 Years           | 1.7                  |   | <br>2.8  |   |
| % Victim of Domestic Violence (Ever)                | 12.4                 |   | <br>15.0 |   |
|   |                      |  better  |  similar |  worse   |









| Mental Health & Mental Disorders                 | Primary Service Area | Primary Service Area vs. Benchmarks  |   |   |
|--|----------------------|--|---|---|
|  |                      | vs. MT   | vs. US  | vs. HP2020  |
| % "Fair/Poor" Mental Health                      | 14.9                 |  | <br>11.9 |   |
| % Diagnosed Depression                           | 23.3                 |  | <br>20.4 |   |
| % Symptoms of Chronic Depression (2+ Years)      | 34.1                 |  | <br>30.4 |   |
| % [Those With Diagnosed Depression] Seeking Help | 89.8                 |  | <br>76.6 |   |
| % Typical Day Is "Extremely/Very" Stressful      | 11.9                 |  | <br>11.9 |   |
|  |                      |  better |  similar |  worse |






| Nutrition & Weight Status                                | Primary Service Area | Primary Service Area vs. Benchmarks   |   |   |
|--|----------------------|---|---|---|
|  |                      | vs. MT  | vs. US  | vs. HP2020  |
| % Eat 5+ Servings of Fruit or Vegetables per Day         | 34.6                 |   | <br>39.5 |   |
| % "Very/Somewhat" Difficult to Buy Fresh Produce         | 31.8                 |   | <br>24.4 |   |
| % Medical Advice on Nutrition in Past Year               | 34.3                 |   | <br>39.2 |   |
| % Healthy Weight (BMI 18.5-24.9)                         | 31.6                 | <br>37.5 | <br>34.4 | <br>33.9 |
| % Overweight (BMI 25+)                                   | 67.1                 | <br>61.3 | <br>63.1 |   |
| % Obese (BMI 30+)  | 31.6                 | <br>24.3 | <br>29.0 | <br>30.5 |
| % Medical Advice on Weight in Past Year                  | 21.0                 |   | <br>23.7 |   |
| % [Obese Adults] Counseled About Weight in Past Year     | 42.3                 |   | <br>48.3 |   |
| % [Overweights] Trying to Lose Weight Both Diet/Exercise | 38.9                 |   | <br>39.5 |   |














| Nutrition & Weight Status (continued)              | Primary Service Area | Primary Service Area vs. Benchmarks   |  |  |
|--|----------------------|---|--|--|
|  |                      | vs. MT  | vs. US   | vs. HP2020   |
| % Children [Age 5-17] Overweight (85th Percentile) | 25.6                 |   | <br>31.5    |  |
| % Children [Age 5-17] Obese (95th Percentile)      | 15.7                 |   | <br>14.8    | <br>14.5  |
|  |                      | <br>better | <br>similar | <br>worse |















| Oral Health                                  | Primary Service Area | Primary Service Area vs. Benchmarks  |   |   |
|--|----------------------|--|---|---|
|  |                      | vs. MT   | vs. US  | vs. HP2020  |
| % [Age 18+] Dental Visit in Past Year        | 65.4                 | <br>61.0    | <br>65.9     | <br>49.0   |
| % Child [Age 2-17] Dental Visit in Past Year | 85.7                 |  | <br>81.5     | <br>49.0   |
| % Have Dental Insurance                      | 62.6                 |  | <br>65.6     |   |
|  |                      | <br>better | <br>similar | <br>worse |






| Physical Activity                                     | Primary Service Area | Primary Service Area vs. Benchmarks   |  |  |
|---|----------------------|---|--|--|
|   |                      | vs. MT  | vs. US   | vs. HP2020   |
| % No Leisure-Time Physical Activity                   | 21.6                 | <br>20.5   | <br>20.7    | <br>32.6  |
| % Meeting Physical Activity Guidelines                | 49.2                 |   | <br>50.3    |  |
| % Moderate Physical Activity                          | 27.4                 |   | <br>30.6    |  |
| % Vigorous Physical Activity                          | 38.1                 |   | <br>38.0    |  |
| % Medical Advice on Physical Activity in Past Year    | 40.3                 |   | <br>44.0    |  |
| % Child [Age 2-17] Physically Active 1+ Hours per Day | 46.3                 |   | <br>48.6    |  |
|   |                      | <br>better | <br>similar | <br>worse |

| Respiratory Diseases                | Primary Service Area | Primary Service Area vs. Benchmarks   |  |  |
|-------------------------------------|----------------------|---|--|--|
|                                     |                      | vs. MT  | vs. US   | vs. HP2020   |
| % COPD (Lung Disease)               | 12.6                 | <br>6.1    | <br>8.6     |  |
| % [Adult] Currently Has Asthma      | 10.9                 | <br>9.5    | <br>9.4     |  |
| % [Child 0-17] Currently Has Asthma | 4.6                  |   | <br>7.1     |  |
|                                     |                      | <br>better | <br>similar | <br>worse |

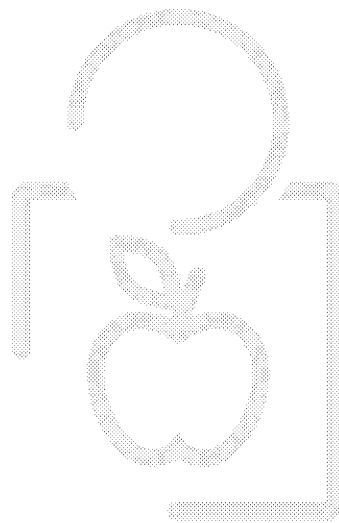
| Sexually Transmitted Diseases                       | Primary Service Area | Primary Service Area vs. Benchmarks  |   |   |
|---|----------------------|--|---|---|
|   |                      | vs. MT   | vs. US  | vs. HP2020  |
| % [Unmarried 18-64] 3+ Sexual Partners in Past Year | 14.8                 |  | <br>11.7     |   |
| % [Unmarried 18-64] Using Condoms                   | 28.3                 |  | <br>33.6     |   |
|   |                      | <br>better | <br>similar | <br>worse |

| Substance Abuse   | Primary Service Area | Primary Service Area vs. Benchmarks   |  |  |
|---|----------------------|---|--|--|
|   |                      | vs. MT  | vs. US   | vs. HP2020   |
| % Current Drinker   | 54.5                 | <br>59.9   | <br>56.5    |  |
| % Chronic Drinker (Average 2+ Drinks/Day)                   | 6.7                  |   | <br>5.2     |  |
| % Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women) | 23.4                 | <br>21.8   | <br>19.5    | <br>24.4  |
| % Drinking & Driving in Past Month                          | 3.0                  |   | <br>5.0     |  |
| % Illicit Drug Use in Past Month                            | 2.9                  |   | <br>4.0     | <br>7.1   |
| % Ever Sought Help for Alcohol or Drug Problem              | 3.4                  |   | <br>4.9     |  |
|   |                      | <br>better | <br>similar | <br>worse |

| Tobacco Use  | Primary Service Area | Primary Service Area vs. Benchmarks   |  |  |
|--|----------------------|---|--|--|
|  |                      | vs. MT  | vs. US   | vs. HP2020   |
| % Current Smoker                                       | 20.9                 | <br>19.7   | <br>14.9    | <br>12.0  |
| % Someone Smokes at Home                               | 16.0                 |   | <br>12.7    |  |
| % [Non-Smokers] Someone Smokes in the Home             | 4.7                  |   | <br>6.3     |  |
| % [Household With Children] Someone Smokes in the Home | 17.9                 |   | <br>9.7     |  |
| % [Smokers] Received Advice to Quit Smoking            | 76.5                 |   | <br>67.8    |  |
| % Smoke Cigars   | 5.7                  |   | <br>4.1     | <br>0.2   |
| % Use Smokeless Tobacco                                | 7.9                  |   | <br>4.0     | <br>0.3   |
|  |                      | <br>better | <br>similar | <br>worse |

| Vision                     | Primary Service Area | Primary Service Area vs. Benchmarks   |  |  |
|----------------------------|----------------------|---|--|--|
|                            |                      | vs. MT  | vs. US   | vs. HP2020   |
| % Blindness/Trouble Seeing | 9.2                  |   | <br>8.5     |  |
| % Eye Exam in Past 2 Years | 59.3                 |   | <br>56.8    |  |
|                            |                      | <br>better | <br>similar | <br>worse |

# GENERAL HEALTH STATUS



# Overall Health Status

The initial inquiry of the PRC Community Health Survey asked respondents the following:

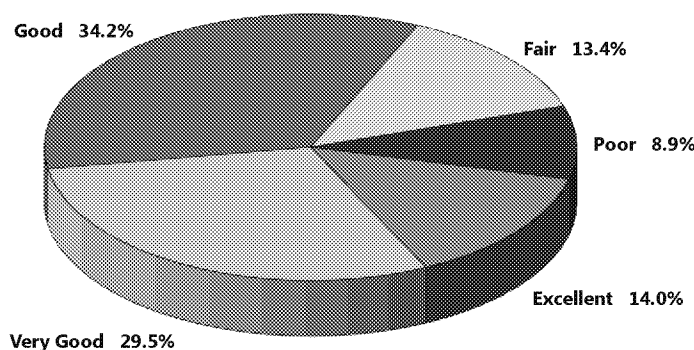
*"Would you say that in general your health is: excellent, very good, good, fair or poor?"*

## Self-Reported Health Status

A total of 43.5% of Primary Service Area adults rate their overall health as "excellent" or "very good."

- Another 34.2% gave "good" ratings of their overall health.

### Self-Reported Health Status (Primary Service Area, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]  
Notes: • Asked of all respondents.

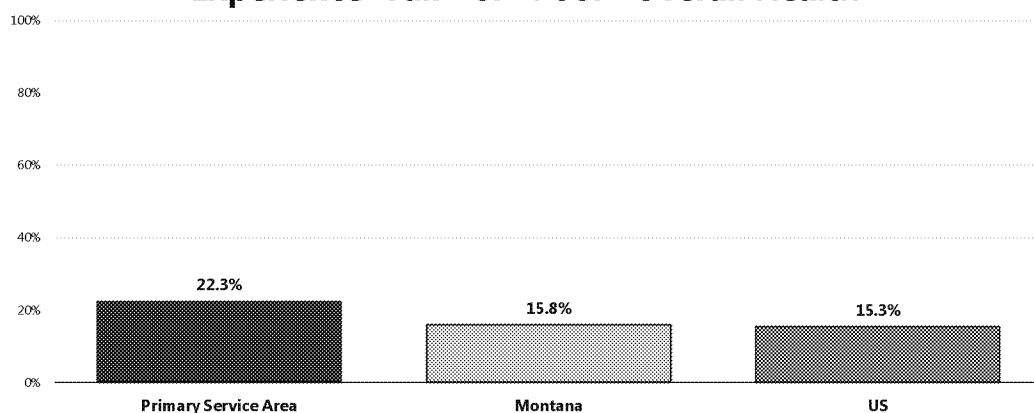
However, 22.3% of Primary Service Area adults believe that their overall health is "fair" or "poor."

- Less favorable than statewide findings.
- Less favorable than the national percentage.

#### NOTE:

● Differences noted in the text represent significant differences determined through statistical testing.

### Experience "Fair" or "Poor" Overall Health



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]  
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2012 Montana data.  
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.



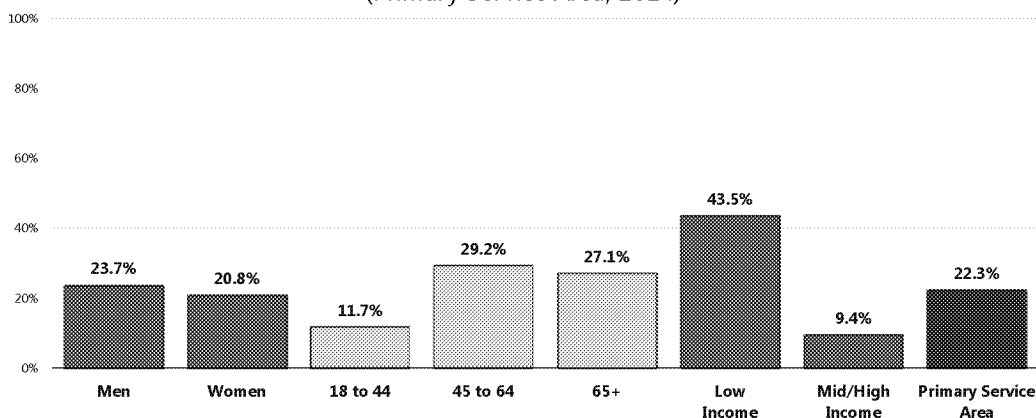
Charts throughout this report (such as that here) detail survey findings among key demographic groups -- namely by gender, age groupings, and income (based on poverty status).

Adults more likely to report experiencing "fair" or "poor" overall health include:

- ▣ Residents living at lower incomes.
- ▣ Those aged 45 and older.
- ▣ Other differences within demographic groups, as illustrated in the following chart, are not statistically significant.

### Experience "Fair" or "Poor" Overall Health

(Primary Service Area, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]  
 Notes: • Asked of all respondents.  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Activity Limitations

An individual can get a disabling impairment or chronic condition at any point in life. Compared with people without disabilities, people with disabilities are more likely to:

- ▣ Experience difficulties or delays in getting the health care they need.
- ▣ Not have had an annual dental visit.
- ▣ Not have had a mammogram in past 2 years.
- ▣ Not have had a Pap test within the past 3 years.
- ▣ Not engage in fitness activities.
- ▣ Use tobacco.
- ▣ Be overweight or obese.
- ▣ Have high blood pressure.
- ▣ Experience symptoms of psychological distress.
- ▣ Receive less social-emotional support.
- ▣ Have lower employment rates.

There are many social and physical factors that influence the health of people with disabilities. The following three areas for public health action have been identified, using the International Classification of Functioning, Disability, and Health (ICF) and the three World Health Organization (WHO) principles of action for addressing health determinants.

- ▣ **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.

- **Address the inequitable distribution of resources among people with disabilities and those without disabilities** by increasing: appropriate health care for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.
  - **Expand the knowledge base and raise awareness about determinants of health for people with disabilities** by increasing: the inclusion of people with disabilities in public health data collection efforts across the lifespan; the inclusion of people with disabilities in health promotion activities; and the expansion of disability and health training opportunities for public health and health care professionals.
- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

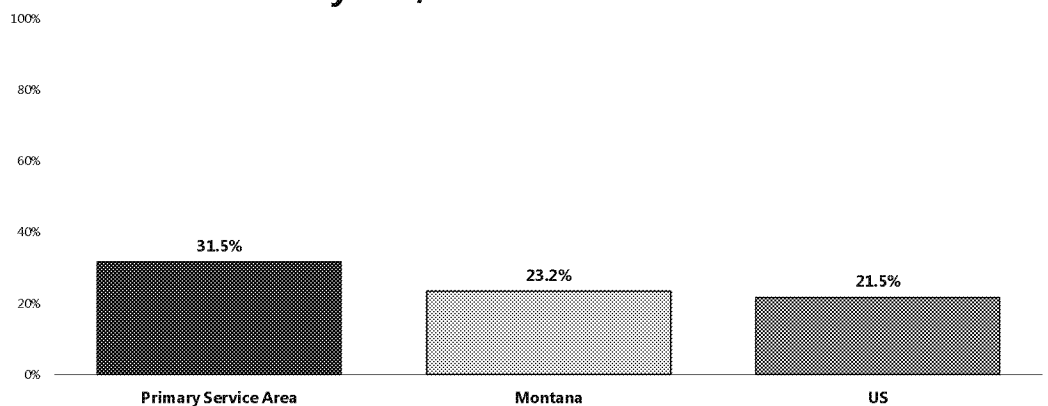
**RELATED ISSUE:**

See also  
*Potentially Disabling  
Conditions* in the **Death,  
Disease & Chronic  
Conditions** section of this  
report.

**A total of 31.5% of Primary Service Area adults are limited in some way in some activities due to a physical, mental or emotional problem.**

- Less favorable than the prevalence statewide.
- Less favorable than the national prevalence.

### Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]  
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2012 Montana data.  
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

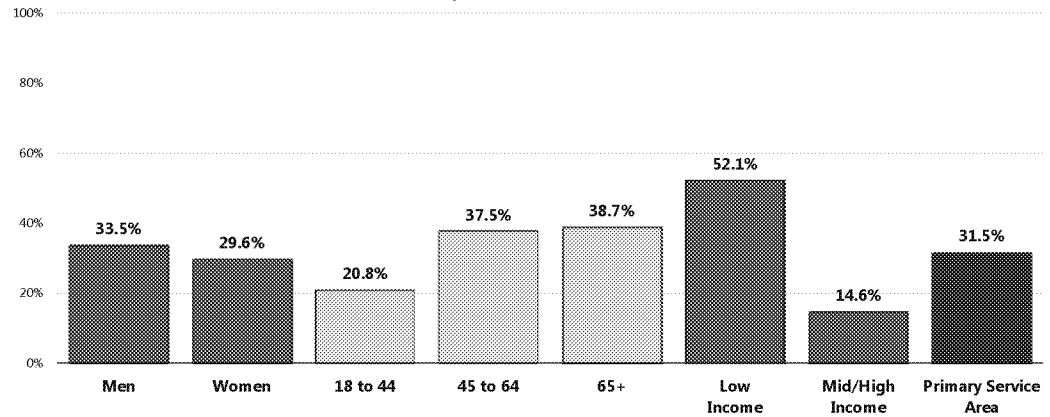
Notes: • Asked of all respondents.

In looking at responses by key demographic characteristics, note the following:

- 🏠 Residents living in households with lower incomes are more than 3 times as likely as those with higher incomes to report some type of activity limitation.
- 👴 Adults age 45 and older are much more often limited in activities.

## Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem

(Primary Service Area, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]

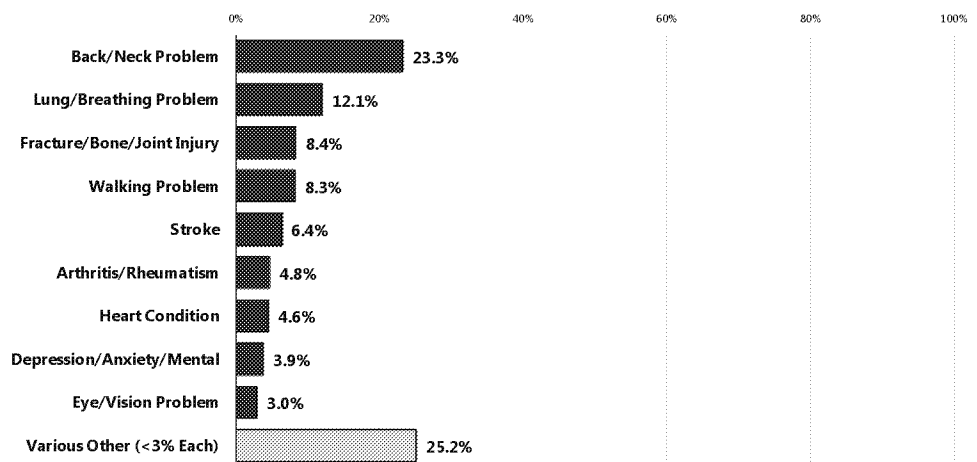
Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among persons reporting activity limitations, these are frequently attributed to back/neck problems, lung/breathing problems, fractures or bone/joint injuries, difficulty walking, or stroke.

## Type of Problem That Limits Activities

(Among Those Reporting Activity Limitations; Primary Service Area, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]

Notes: • Asked of those respondents reporting activity limitations.

# Mental Health & Mental Disorders

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders.

Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases. According to the national Institute of Mental Health (NIMH), in any given year, an estimated 13 million American adults (approximately 1 in 17) have a seriously debilitating mental illness. Mental health disorders are the leading cause of disability in the United States and Canada, accounting for 25% of all years of life lost to disability and premature mortality. Moreover, suicide is the 11<sup>th</sup> leading cause of death in the United States, accounting for the deaths of approximately 30,000 Americans each year.

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: **risk factors**, which predispose individuals to mental illness; and **protective factors**, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The understanding of how the brain functions under normal conditions and in response to stressors, combined with knowledge of how the brain develops over time, has been essential to that progress. The major areas of progress include evidence that:

- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
- The incidence of depression among pregnant women and adolescents can be reduced.
- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.
- There are potential indicated preventive interventions for schizophrenia.
- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.
- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression among children and increasing effective parenting.
- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.
- Implementation is complex, and it is important that interventions be relevant to the target audiences.

In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

— Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## Mental Health Status

### Self-Reported Mental Health Status

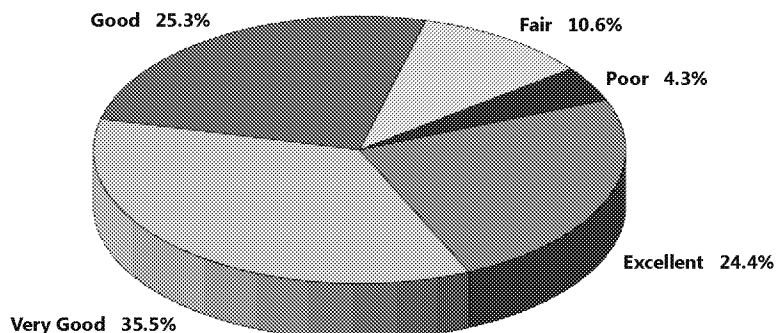
*"Now thinking about your mental health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair or poor?"*

A total of 59.9% of Primary Service Area adults rate their overall mental health as "excellent" or "very good."

- Another 25.3% gave "good" ratings of their own mental health status.

### Self-Reported Mental Health Status

(Primary Service Area, 2014)

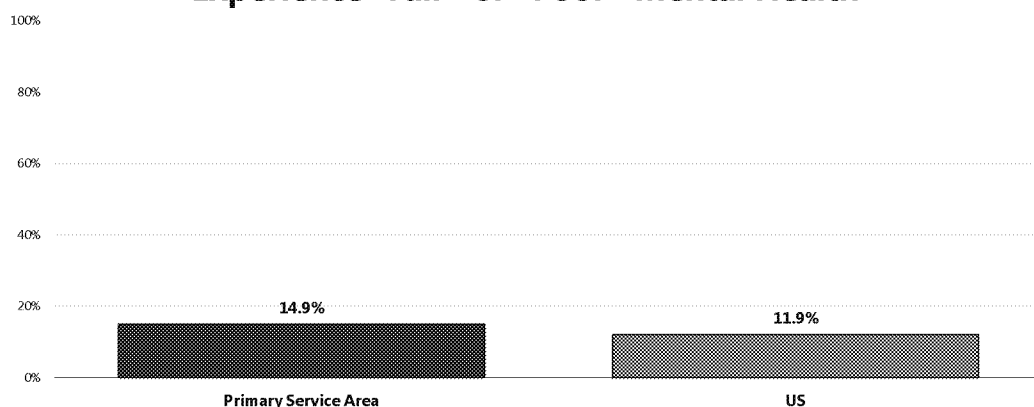


Sources: ● 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]  
Notes: ● Asked of all respondents.

A total of 14.9% of Primary Service Area adults, however, believe that their overall mental health is "fair" or "poor."

- Statistically similar to the "fair/poor" response reported nationally.

### Experience "Fair" or "Poor" Mental Health

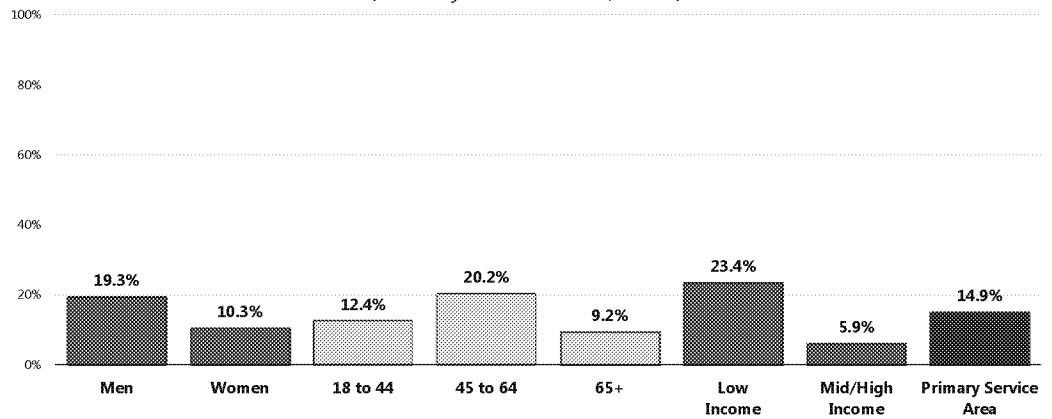


Sources: ● 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]  
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
Notes: ● Asked of all respondents.

- Men and adults age 45-64 are much more likely to report experiencing “fair/poor” mental health than their demographic counterparts, as are residents in households with lower incomes (especially).

## Experience “Fair” or “Poor” Mental Health

(Primary Service Area, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]

Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

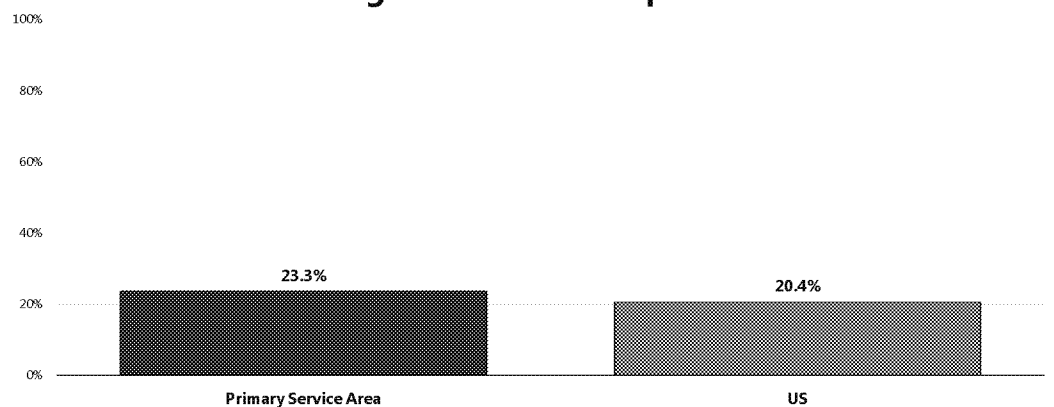
## Depression

### Diagnosed Depression

A total of 23.3% of Primary Service Area adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

- Similar to the national finding.

## Have Been Diagnosed With a Depressive Disorder



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]

• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

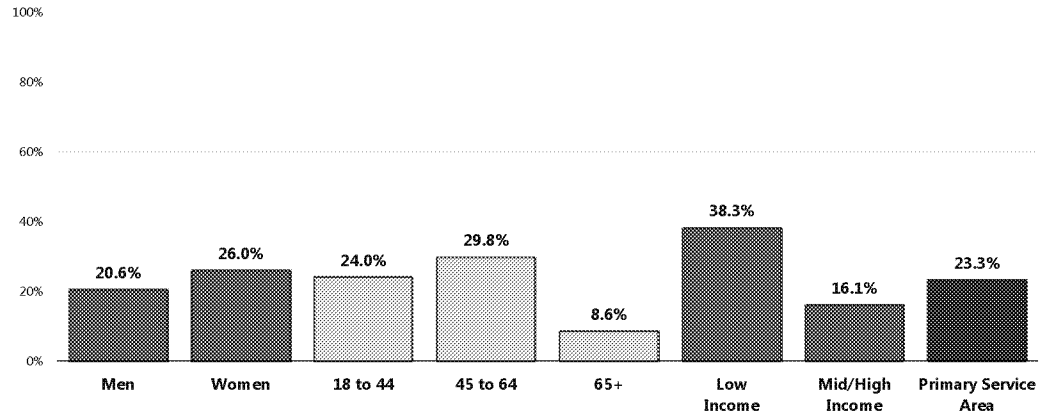
• Depressive disorders include depression, major depression, dysthymia, or minor depression.

The prevalence of diagnosed depression is notably higher among:

- ☞ Community members living at lower incomes.
- ☞ Adults under the age of 65.

## Have Been Diagnosed With a Depressive Disorder

(Primary Service Area, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]

Notes: • Asked of all respondents.

• Depressive disorders include depression, major depression, dysthymia, or minor depression.

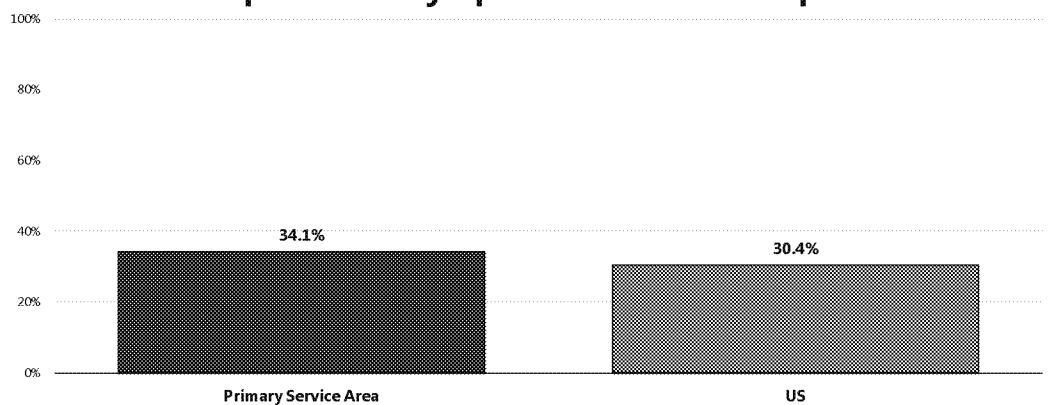
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Symptoms of Chronic Depression

A total of 34.1% of Primary Service Area adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (chronic depression).

- Statistically comparable to national findings.

## Have Experienced Symptoms of Chronic Depression



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]

• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

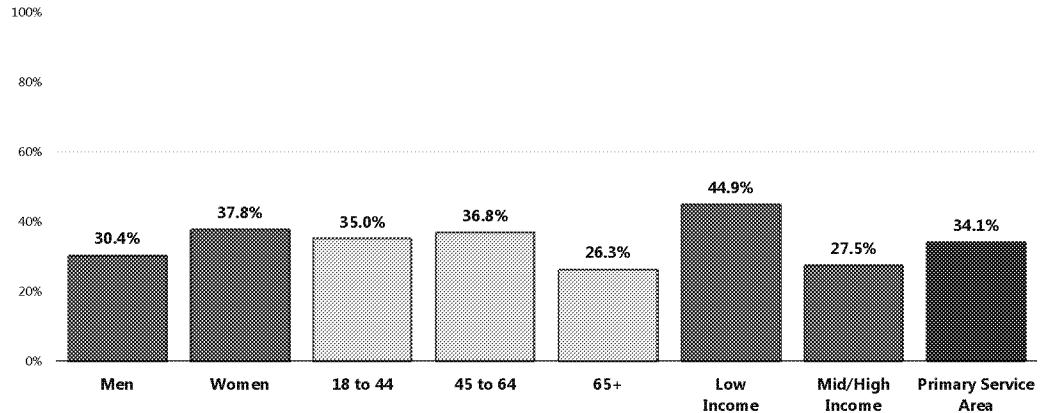
• Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Note that the prevalence of chronic depression is notably higher among:

- ☞ Adults with lower incomes.
- ☞ Adults under age 65.

## Have Experienced Symptoms of Chronic Depression

(Primary Service Area, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]  
 Notes: • Asked of all respondents.  
 • Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Stress

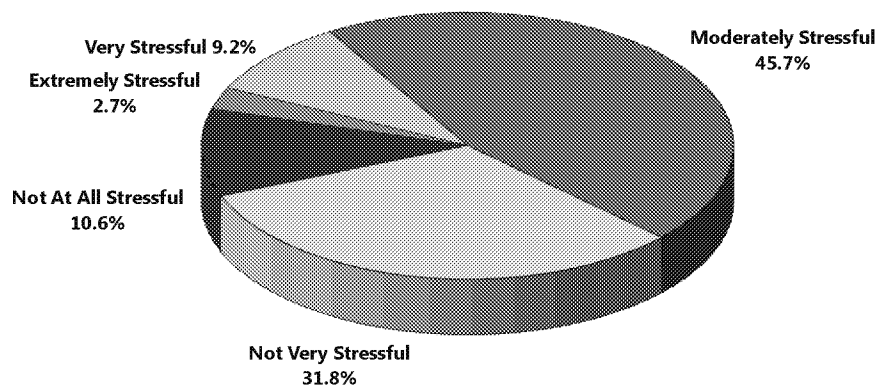
RELATED ISSUE:  
 See also *Substance Abuse* in  
 the **Modifiable**  
**Health Risks** section  
 of this report.

More than 4 in 10 Primary Service Area adults consider their typical day to be "not very stressful" (31.8%) or "not at all stressful" (10.6%).

- ☞ Another 45.7% of survey respondents characterize their typical day as "moderately stressful."

## Perceived Level of Stress On a Typical Day

(Primary Service Area, 2014)



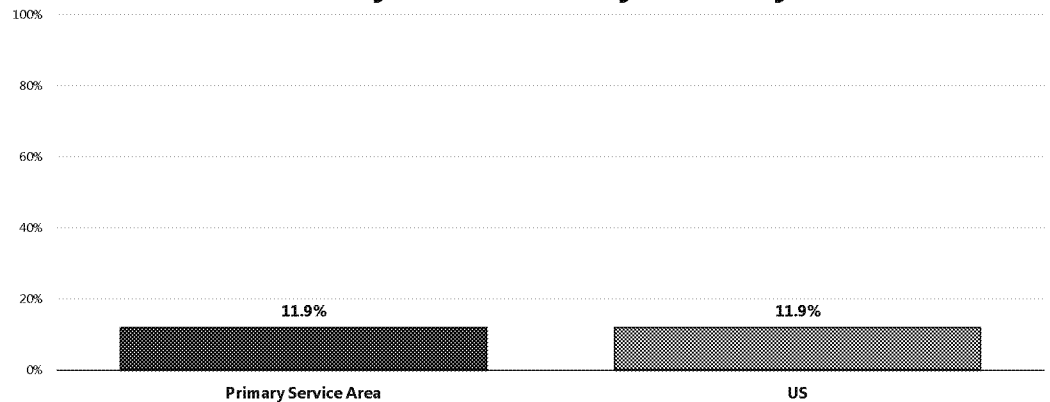
Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]  
 Notes: • Asked of all respondents.



In contrast, 11.9% of Primary Service Area adults experience “very” or “extremely” stressful days on a regular basis.

- Identical to the national prevalence.

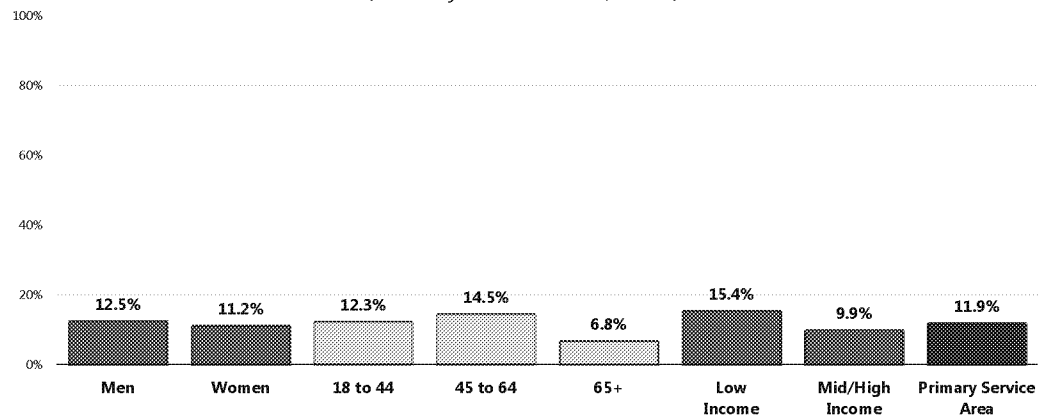
### Perceive Most Days As “Extremely” or “Very” Stressful



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.

👤 Note that high stress levels are more prevalent among adults under 65.

### Perceive Most Days as “Extremely” or “Very” Stressful (Primary Service Area, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]  
 Notes: • Asked of all respondents.  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

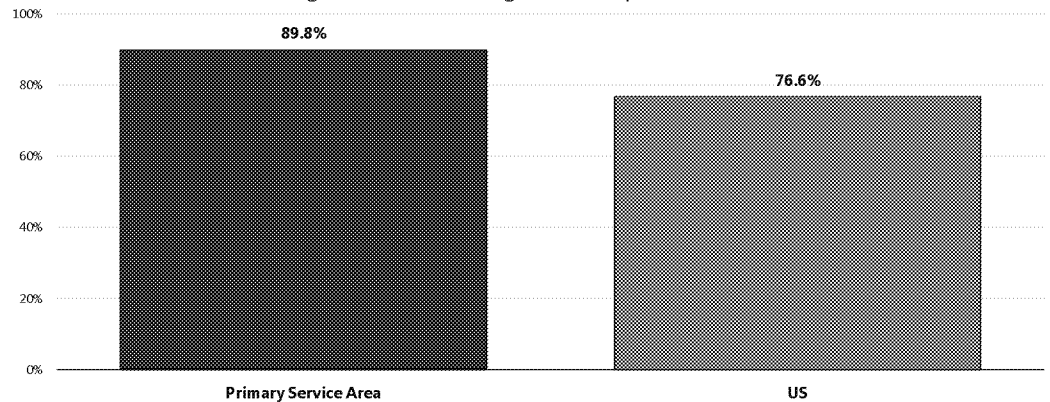
## Mental Health Treatment

"Diagnosed depressive disorder" includes respondents reporting a past diagnosis of a depressive disorder by a physician (such as depression, major depression, dysthymia, or minor depression).

Among adults with a diagnosed depressive disorder, 89.8% acknowledge that they have sought professional help for a mental or emotional problem.

- ◆ More favorable than the national percentage.

### Adults With Diagnosed Depression Who Have Ever Sought Professional Help for a Mental or Emotional Problem (Among Adults With Diagnosed Depressive Disorder)



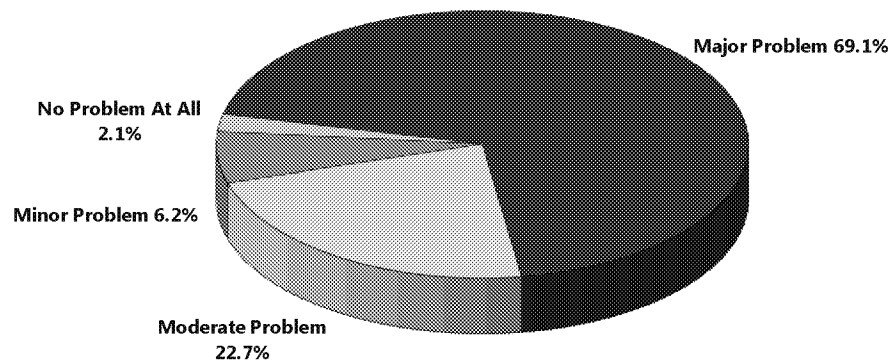
Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 123]  
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Reflects those respondents with a depressive disorder diagnosed by a physician (such as depression, major depression, dysthymia, or minor depression).

## Key Informant Input: Mental Health

A clear majority of key informants taking part in an online survey characterized *Mental Health* as a "major" (69.1%) or "moderate" (22.7%) problem in the community.

### Perceptions of Mental Health as a Problem in the Community (Key Informants, 2014)



Sources: • 2014 PRC Online Key Informant Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.

## Top Concerns

Among those characterizing this as a “major problem,” reasons frequently related to the following:

### Inadequate Resources

Our community does not have enough **mental health resources** to meet the needs in our community, specifically for **children**. [Social Services Representative]

We **need more resources** for people with mental health issues. Western Montana Mental Health does a good job, but it's pretty much the only game in town for people with major mental health issues. [Social Services Representative]

**Not enough services.** [Social Services Representative]

Lack of **professionals** to help with their problems. [Health Provider, Non-Physician]

**Lack of (or perception of lack of) care providers/facilities.** General unawareness of where to go if mental health services are needed. Lack of financial resources to pay for mental health services. [Health Provider, Non-Physician]

An almost **complete lack of psychiatric providers**, even for those who can pay. [Health Provider, Non-Physician]

There are essentially **no adult private psychiatry services** in the community and the public services through WMMH are woefully inadequate with an average wait time of 3 months or more. Moreover it is frustrating to see a group such WMMH receives large amounts of state funding without meeting their funding requirements such as having access to a provider. [Physician]

**Not enough mental health providers.** Not even close. [Physician]

There is **not adequate mental health care** in this community. [Health Provider, Non-Physician]

The **system is overwhelmed** by the sheer number of patients who need professional help outside those services provided by Family Practice Providers. [Health Provider, Non-Physician]

Unfortunately, this is not just a local issue, as the region we live in, a rural state, does not have the ability to attract these types of professional providers. Why, because the infrastructure is not up to date with that of much larger, urban/metropolitan areas. **Without appropriate infrastructure we cannot attract the younger providers who will stay, build, and maintain a practice.** [Health Provider, Non-Physician]

**Not enough licensed clinicians** for the population and **no local psychiatrists** seeing an adult population. [Social Services Representative]

There are **very few mental health providers**. We need more inpatient services, more addiction services, more psychiatrists, and more child psychiatrists. [Physician]

There is a lack of **physicians** and **resources** to care for the large population of mentally ill in town. [Physician]

Access to care, need **group homes** that can meet their needs for the most severe patients. [Health Provider, Non-Physician]

There do not appear to be **sufficient caregivers** in this field. Many people suffering from mental health issues are referred to other communities. [Community Leader]

Direction on where to go for that help. Availability of **emergency mental health services** and **long-term counseling services**. [Community Leader]

Again, **lack of facilities** in the area to handle dementia, bipolar patients. [Community Leader]

Not enough **ongoing programs** to help them for long periods. [Community Leader]

**Not enough programs** to begin to meet the need. [Community Leader]

An almost-complete **lack of skilled providers**. [Physician]

Large population of mental health patients with very **limited outpatient services** and **NO inpatient services** for these patients locally. This is a huge burden on community physicians and the emergency department as well as law enforcement. [Physician]

A lot of the **psychiatric facilities are full** and these patients are frequent flyers ... shoved through the system too fast. [Physician]

There are **no psychiatrists or psychiatric nurse practitioners in the community** except for 2 psych NPs in the community mental health center. People must travel a minimum of 60 miles to see one of these providers or mental health needs have to be managed by their primary care providers in a 15-minute-or-less appointment, which is less than optimal care. [Physician]

Lack of **pediatric psychiatrists**. The ones available are booked out for about 5-6 months. We need to get children in to be seen on a semi-urgent basis most of the time when they present to their pediatrician or family medicine clinic. Nothing is immediately available. [Physician]

There has always been a **shortage for mental health services** in Butte. [Health Provider, Non-Physician]

**Lack of providers**. [Physician]

There is **no psychiatrist** at Western Montana Mental Health or St. James Hospital. [Physician]

**Lack of qualified mental health therapists** who can prescribe medication. Access to mental health services is probably the biggest community problem. There are not enough services available so people become lower priority. [Social Services Representative]

Access to care. **Lack of psychiatrists**. Limited number of psychologists and mental health counselors. Stigma of a potential mental health diagnosis may prevent some with depression from seeking help. [Health Provider, Non-Physician]

**Pediatric psychiatrist** only takes Medicaid patients; no one else can get it. [Health Provider, Non-Physician]

#### Access to Care

**Continuity of care**. [Physician]

**Access to qualified mental health workers** including counselors, psychologists, and psychiatrists to service both adult and adolescents. Treatment facilities and follow-up services. [Community Leader]

**Access to services** and community **education**. [Community Leader]

I believe **access to mental health care** in the community is severely lacking due to budget cuts and the lack of serious fiscal appropriations from both the federal and state level of governments. Whether it in patient treatment or outpatient treatment, it's my opinion that we definitely have a problem with dealing with mental health issues in our community. [Community Leader]

**Access to consistent medical care and consistent case management** services. [Social Services Representative]

Many, many patients with mental illness and **variable access to mental health providers and services**. This is **ESPECIALLY** true for **children** and **adolescents**. Our community is in a crisis with many recent teen suicides and little help for mental health care and **LONG** waits to get a consult. [Physician]

**Access!!!** [Health Provider, Non-Physician]

**Access to care.** Front-end prevention strategies. [Community Leader]

**Access to care**, recognizing warning signs and asking for help. [Physician]

**MANY** mental health patients in our community with subpar care. **ACCESS is a huge issue**. We do not even have a local psychiatrist. Huge waiting list for mid-level providers. [Health Provider, Non-Physician]

**Ability to access services** within a timely manner and within an affordable price range with or without insurance. [Social Services Representative]

## Stigma

Mental health continues to have a **stigma** attached to it. Nobody wants to deal with someone that has depression or some other mental health issue. [Social Services Representative]

This is an area that again has a **stigma** in Montana. Do not talk about your mental health. The "suck it up and deal with it attitude." Can destroy/take many lives. Mental health is very difficult to understand and for this reason it is even more difficult for the individual who struggle with mental health disorders. [Health Provider, Non-Physician]

**Acceptance** that it is okay to seek help. [Community Leader]

**Lots of stigma** with having mental health problems and people avoid getting the help they need. It is problem for adults and young people. [Community Leader]

The lack of the non-mental health person's knowledge of mental health and how to handle a mentally ill person. It is **taboo** to discuss. [Health Provider, Non-Physician]

The social **stigma** of mental health is the biggest challenge. Whether this stigma is perceived or real doesn't matter when it prevents an individual from seeking help. When a patient with mental health problems is released from the ED, there is not mechanism in place to get this person to treatment. [Community Leader]

Underlying **stigma** and minimal resources. [Physician]

## Dual Diagnosis

Poor access to psychiatric providers, noncompliance, and **substance abuse**. [Health Provider, Non-Physician]

Butte has an overabundance of people with mental health issues and many of these are intermixed with **drug use**. The current resources seem to be struggling with the amount of volume. [Physician]

There is no place in our community for acute **detox**, and **substance use** is an increasing issue that we cannot address in primary care outpatient settings. [Physician]

Unfortunately our community is deficient in caring for those who have mental health disorders/conditions. Mental health services are having to be referred out to other communities to

treat, we do not have a psychiatrist in the community, there are long delays to treat our patients and provide needed services. There are not enough resources within our community to provide adequate care for those with mental health disorders and **little to no resources for those suffering from co-occurring disorders or dually diagnosed**. [Social Services Representative]

Lack of effective services and a very easy access to **drugs and alcohol**. [Community Leader]

I believe there is a **dual diagnosis** issue in BSB. Specifically, that there is a substance abuse issue along with mental health issue in the community that are not be adequately addressed. [Community Leader]

## Housing & Homelessness

Finding available services in a timely way and addressing their needs. **Housing** is also an issue. [Social Services Representative]

Does our community have group homes to assist those with mental health disorders to live productive lives? Our community allows for one sober living housing unit (Homeward Bound) for those in recovery from both substance use and mental health disorders as well as **homelessness** to be care for. Are there other possibilities to help others with housing as a resource to promote as a community self-efficiency and resiliency? [Social Services Representative]

The number of **street people** I believe have mental health issues that are not connected to our mental health services. [Community Leader]

## Other Comments

High **suicide** rate. [Health Provider, Non-Physician]

The biggest problem is that we have **too many people with mental health issues**. I do a lot of work in prevention, primarily substance abuse prevention. So one of the haunting question for me is why so many here in our community. While disease, brain trauma and genetics play a role, there is an exceedingly high amount of stress, anxiety, dysfunction in our community which creates an unhealthy environment which in turn elicits the body's biological response to release cortisol, the stress hormone which can trigger mental health problems. Therefore we need to focus more on prevention efforts to decrease the stressful situations in people's lives. [Social Services Representative]

This is the **biggest need** in our community. We see way too many people who are in need of help for mental problems. [Health Provider, Non-Physician]

People with mental health issues go through cycles. Too often, they are seen as "frequent flyers" through the ER or other mental health providers, and their **actual needs are not addressed**, as new ones can always arise. [Health Provider, Non-Physician]

Mental health issues in **nursing homes** sometimes go unattended because it seems that they're forgotten once they enter a nursing home. [Social Services Representative]

In addition, when mental health is also part of a **domestic/sexual violence** situation, the choice has to be made for safety and confidentiality or accessing services which are reported to insurance companies and identify a victim's location. [Social Services Representative]

There is a considerable amount of the population undiagnosed or receiving treatment that live in **low-income** census tracts. Crime and poor living conditions increase with untreated populations with mental health issues. I think this is the primary health problem within Butte-Silver Bow. [Community Leader]

Also, when the **elderly** have mental health issues, it doesn't seem like the existing mental health structure wants to deal with them. Rather, they write them off as having dementia. [Social

Services Representative]

We have **a lot of individuals who need caretakers**, they have problems in requesting food, picking up food, etc. Some caretakers just drop them off and sometimes do not return for hours. Just in terms of physical cleanliness, these individuals need assistance in getting cleaned up. [Social Services Representative]

## At-Risk Segments

### Low-Income Residents

As with other questions like this, ALL groups face it, but I feel that **homeless** and those **living below poverty** level face the greatest difficulty. And with poverty a such a high level in Butte, the potential is greater among this population. [Social Services Representative]

**Uninsured, indigent.** [Health Provider, Non-Physician]

**Low income population**--lack of insurance, lack of funds to transport to psychiatrist. [Physician]

**Poor to Middle class;** I work at a site where people who have jobs with means are struggling with their healthcare costs and the cost of living. Those who have above average means do not seek our services. [Social Services Representative]

It seems the **low income people** don't realize they have a problem,. [Health Provider, Non-Physician]

**People that do not have the financial resources.** Access to psychiatrist or psychiatric care is almost impossible unless you have resources..and even then, it is difficult to get a appointment in a timely manner. Poor folks also lack the where-with-all. [Community Leader]

### Older Adults

**Elderly,** because they are often written off by the mental health system as having dementia. While that may be true, they often have had lifelong mental health issues. Also, the elderly are going to have different mental health needs. [Social Services Representative]

**Seniors.** It is difficult to determine whether it is dementia or truly a mental health issue. [Health Provider, Non-Physician]

**Nursing homes and assisted livings** have a hard time finding services because if they had a diagnosis of mental illness prior to entering the nursing home & now have dementia along with it they sometimes are denied services based on the dementia. [Social Services Representative]

### Children

**Children** - Acadia is our only residential facility and they only take children at age five. Many times during a crisis it is difficult to access services for young children through teens. Waiting periods and insurance issues often delay services. [Social Services Representative]

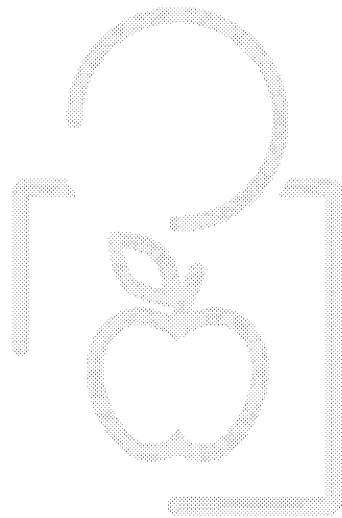
**Children.** Lack of availability. [Physician]

### Stigma/Denial

Likely **those who do not admit** they have an mental health condition and do not get help. Also, young people in high school. Several people with disabilities who need assistance but become lower priority. [Social Services Representative]

I think that mental health facilities exist, but people either don't know about them or they are unwilling to use them because of the social **stigma** attached to mental health. [Community Leader]

# DEATH, DISEASE & CHRONIC CONDITIONS





# Cardiovascular Disease

Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than \$500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the US population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use.

The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:

- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

Disease does not occur in isolation, and cardiovascular disease is no exception. Cardiovascular health is significantly influenced by the physical, social, and political environment, including: maternal and child health; access to educational opportunities; availability of healthy foods, physical education, and extracurricular activities in schools; opportunities for physical activity, including access to safe and walkable communities; access to healthy foods; quality of working conditions and worksite health; availability of community support and resources; and access to affordable, quality healthcare.

— Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## Prevalence of Heart Disease & Stroke

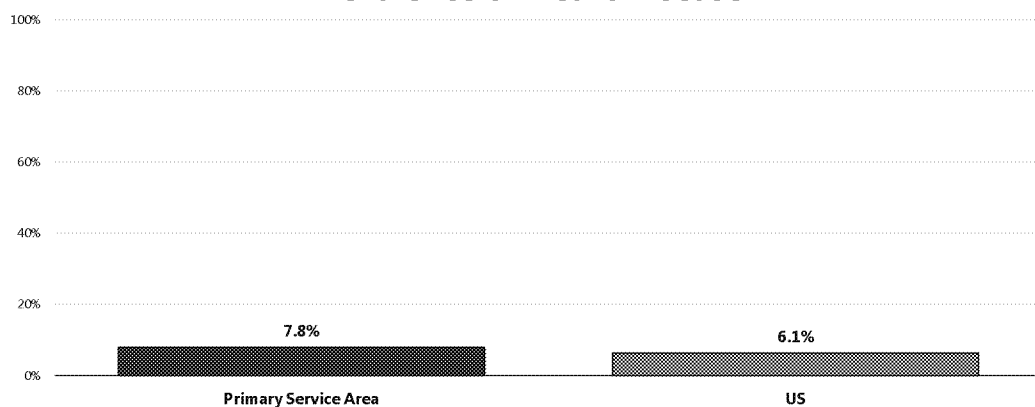
The greatest share of cardiovascular deaths is attributed to heart disease.

### Prevalence of Heart Disease

**A total of 7.8% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.**

- Similar to the national prevalence.

## Prevalence of Heart Disease

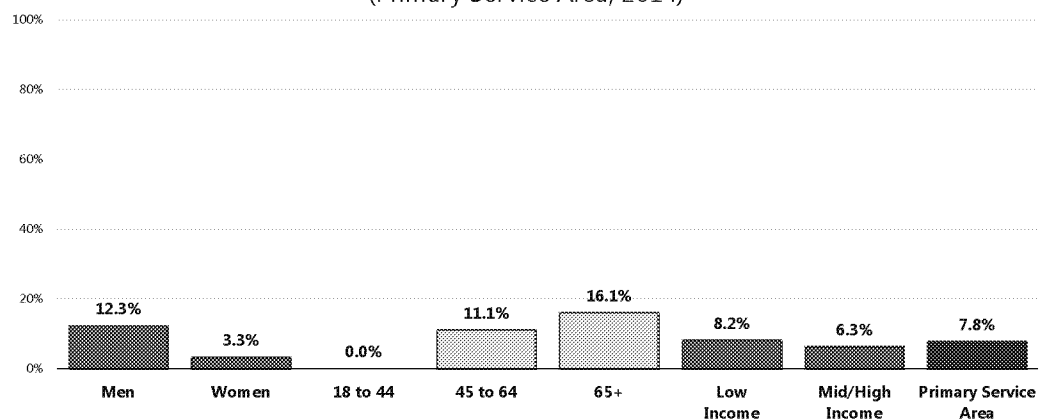


Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.  
 • Includes diagnoses of heart attack, angina or coronary heart disease.

Adults more likely to have been diagnosed with chronic heart disease include:

- Men.
- Residents aged 45 and older (note the positive correlation with age).

## Prevalence of Heart Disease (Primary Service Area, 2014)



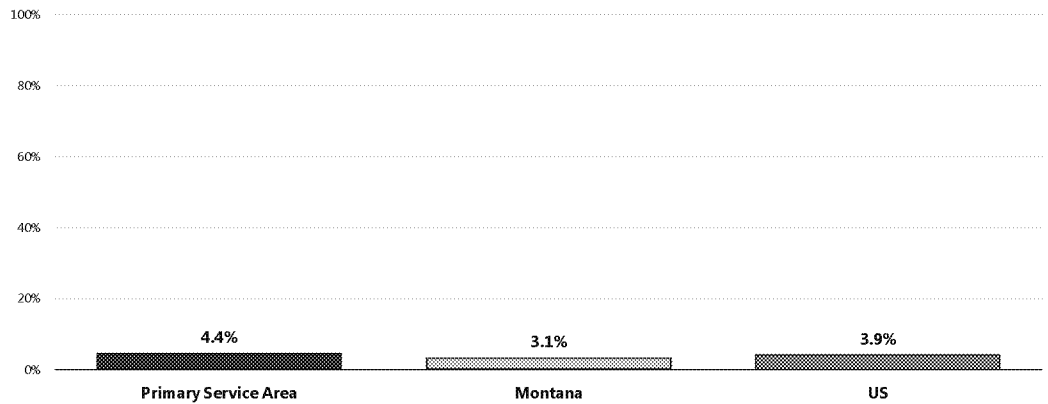
Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]  
 Notes: • Asked of all respondents.  
 • Includes diagnoses of heart attack, angina or coronary heart disease.  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Prevalence of Stroke

A total of 4.4% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- ◆ Similar to statewide findings.
- Similar to national findings.

### Prevalence of Stroke



Sources: 

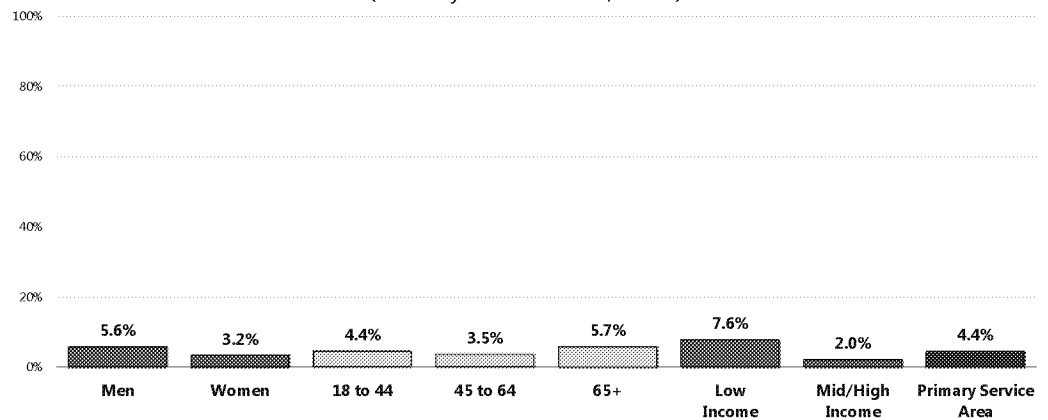
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 36]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2012 Montana data.

Notes: 

- Asked of all respondents.

Viewed by demographic characteristics, there are no statistically significant differences to report.

### Prevalence of Stroke (Primary Service Area, 2014)



Sources: 

- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 36]
- Asked of all respondents.

Notes: 

- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Cardiovascular Risk Factors

Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans with high blood pressure do not have it under control. High sodium intake is a known risk factor for high blood pressure and heart disease, yet about 90% of American adults exceed their recommendation for sodium intake.

— Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

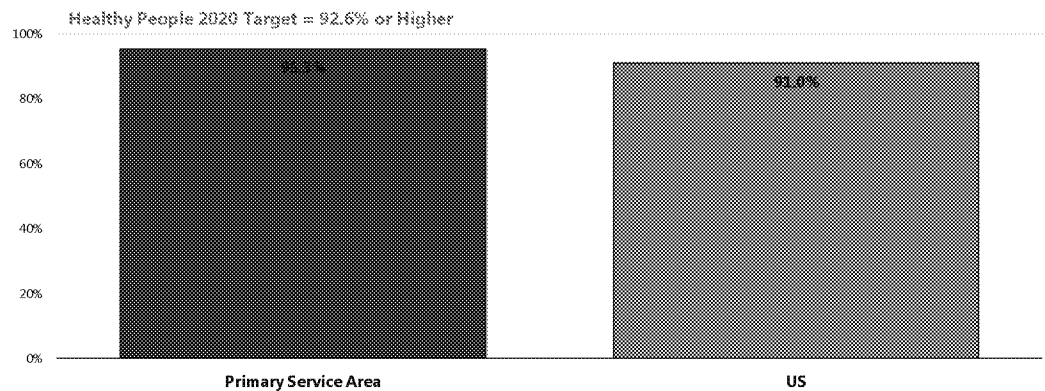
### Hypertension (High Blood Pressure)

#### High Blood Pressure Testing

**A total of 95.3% of Primary Service Area adults have had their blood pressure tested within the past two years.**

- More favorable than national findings.
- Satisfies the Healthy People 2020 target (94.9% or higher).

#### Have Had Blood Pressure Checked in the Past Two Years



Sources: ● 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 45]  
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-4]

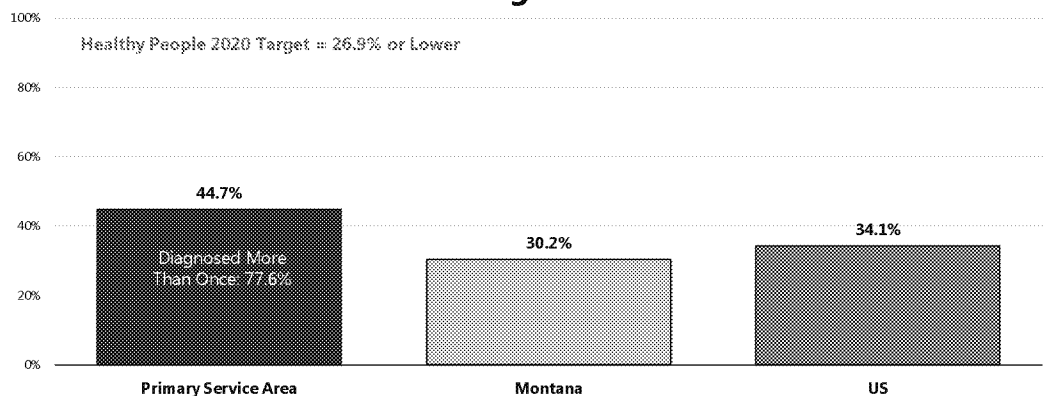
Notes: ● Asked of all respondents.

## Prevalence of Hypertension

A total of 44.7% of adults have been told at some point that their blood pressure was high.

- ◆ Much higher than the Montana prevalence.
- ◆ Much higher than the national prevalence.
- ◆ Fails to satisfy the Healthy People 2020 target (26.9% or lower).
- ▤ Among hypertensive adults, 77.6% have been diagnosed with high blood pressure more than once.

### Prevalence of High Blood Pressure



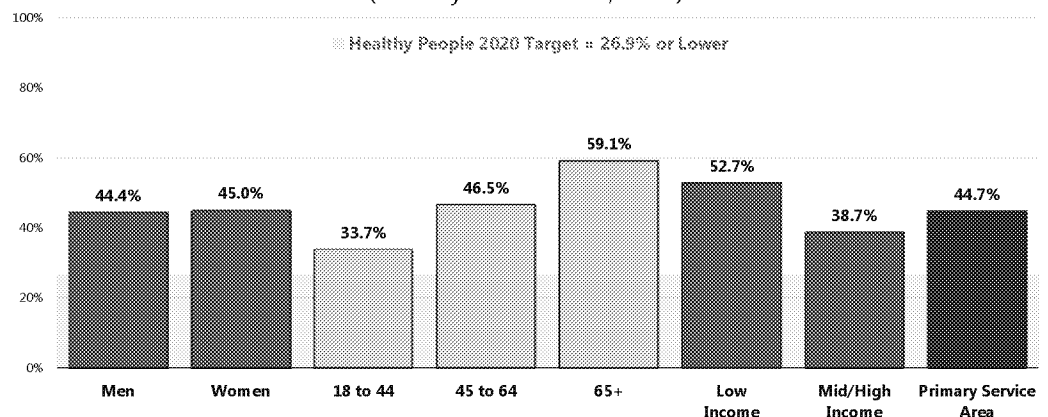
Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 43, 125]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2011 Montana data.  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-5.1]

Notes: • Asked of all respondents.

Hypertension diagnoses are higher among:

- ▤ Adults age 45 and older, and especially those age 65+.
- ▤ Residents living on lower incomes.

### Prevalence of High Blood Pressure (Primary Service Area, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 125]  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-5.1]

Notes: • Asked of all respondents.  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Hypertension Management

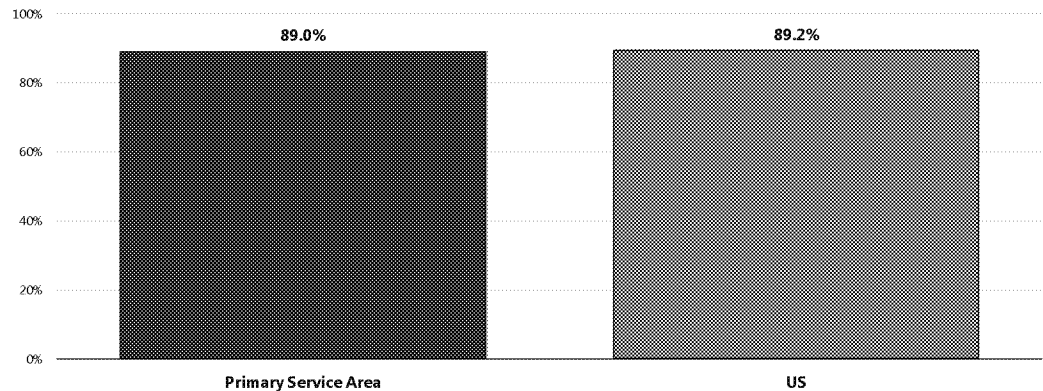
Respondents reporting high blood pressure were further asked:

*"Are you currently taking any action to help control your high blood pressure, such as taking medication, changing your diet, or exercising?"*

**Among respondents who have been told that their blood pressure was high, 89.0% report that they are currently taking actions to control their condition.**

- ◆ Nearly identical to national findings.

### Taking Action to Control Hypertension (Among Adults With High Blood Pressure)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 44]  
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents who have been diagnosed with high blood pressure.  
• In this case, the term "action" refers to medication, change in diet, and/or exercise.

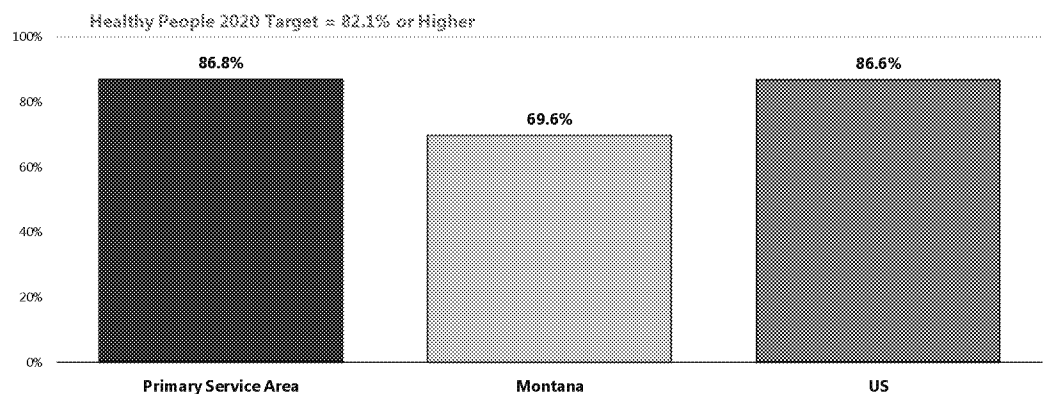
## High Blood Cholesterol

### Blood Cholesterol Testing

**A total of 86.8% of Primary Service Area adults have had their blood cholesterol checked within the past five years.**

- ◆ More favorable than Montana findings.
- ◆ Nearly identical to the national findings.
- ◆ Satisfies the Healthy People 2020 target (82.1% or higher).

### Have Had Blood Cholesterol Levels Checked in the Past Five Years



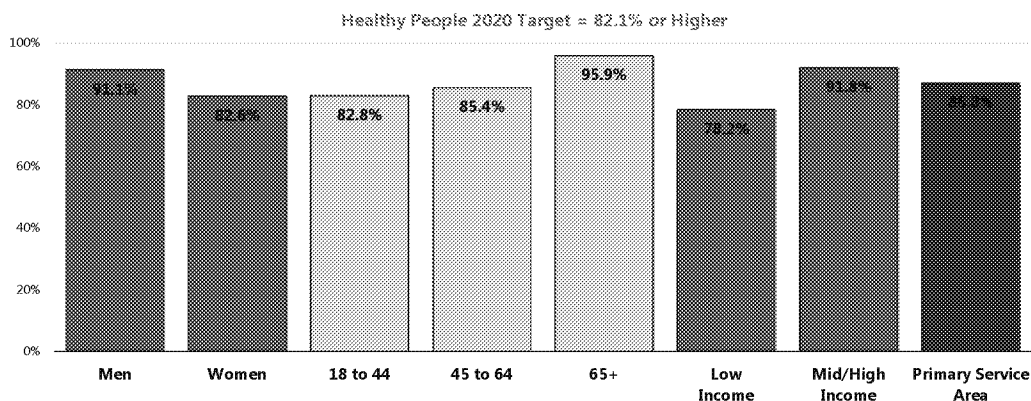
Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]  
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2011 Montana data.  
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-6]  
Notes: • Asked of all respondents.

The following demographic segments report lower screening levels:

- 👤 Women.
- 👤 Adults under age 65.
- 👤 Residents with lower incomes.

## Have Had Blood Cholesterol Levels Checked in the Past Five Years

(Primary Service Area, 2014)



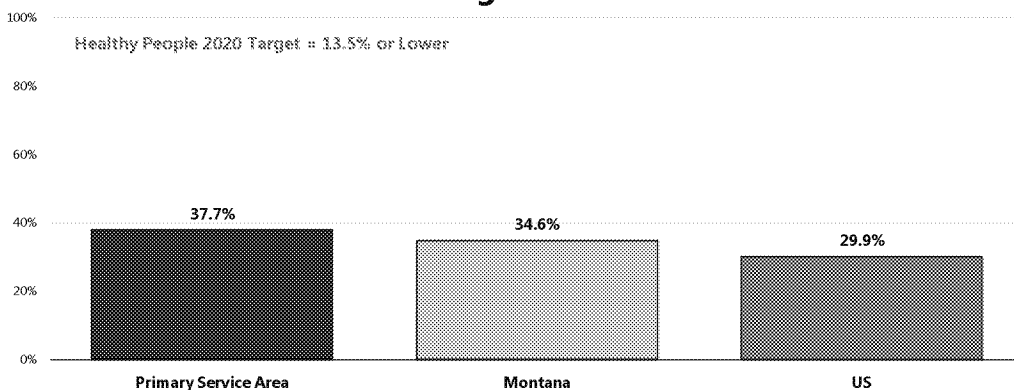
Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-6]  
 Notes: • Asked of all respondents.  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Self-Reported High Blood Cholesterol

A total of 37.7% of adults have been told by a health professional that their cholesterol level was high.

- Comparable to the Montana findings.
- Less favorable than the national prevalence.
- Nearly three times the Healthy People 2020 target (13.5% or lower).

## Prevalence of High Blood Cholesterol



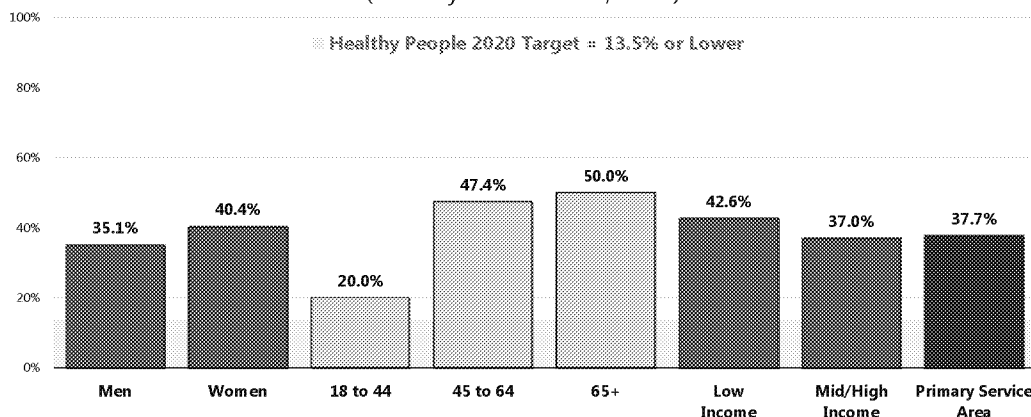
Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 126]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2011 Montana data.  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-7]  
 Notes: • Asked of all respondents.  
 • The Montana data reflects those adults who have been tested for high cholesterol and who have been diagnosed with it.

Note that 17.1% of Primary Service Area adults report not having high blood cholesterol, but: 1) have never had their blood cholesterol levels tested; 2) have not been screened in the past 5 years; or 3) do not recall when their last screening was. For these individuals, current prevalence is unknown.

- ▮ Adults aged 45 and older are much more likely to have been diagnosed with high blood cholesterol levels when compared with younger adults.
- ▮ Keep in mind that “unknowns” are relatively high in women, younger adults, and lower-income residents.

## Prevalence of High Blood Cholesterol

(Primary Service Area, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 126]

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-7]

Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## High Cholesterol Management

Respondents reporting high cholesterol were further asked:

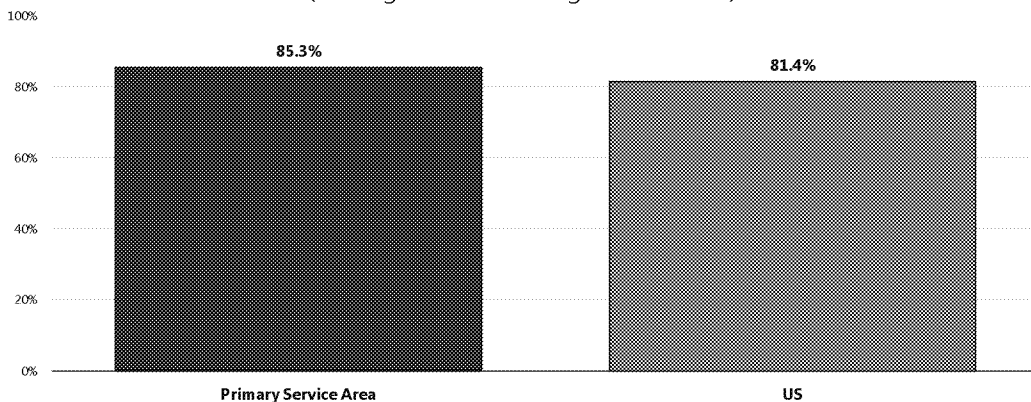
*"Are you currently taking any action to help control your high cholesterol, such as taking medication, changing your diet, or exercising?"*

Among adults who have been told that their blood cholesterol was high, 85.3% report that they are currently taking actions to control their cholesterol levels.

- Similar to that found nationwide.

## Taking Action to Control High Blood Cholesterol Levels

(Among Adults With High Cholesterol)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 47]

• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents who have been diagnosed with high blood cholesterol levels.

• In this case, the term "action" refers to medication, change in diet, and/or exercise.



Individual level risk factors which put people at increased risk for cardiovascular diseases include:

- High Blood Pressure
- High Blood Cholesterol
- Tobacco Use
- Physical Inactivity
- Poor Nutrition
- Overweight/Obesity
- Diabetes

— National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Three health-related behaviors contribute markedly to cardiovascular disease:

**Poor nutrition.** People who are overweight have a higher risk for cardiovascular disease. Almost 60% of adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.

**Lack of physical activity.** People who are not physically active have twice the risk for heart disease of those who are active. More than half of adults do not achieve recommended levels of physical activity.

**Tobacco use.** Smokers have twice the risk for heart attack of nonsmokers. Nearly one-fifth of all deaths from cardiovascular disease, or about 190,000 deaths a year nationally, are smoking-related. Every day, more than 3,000 young people become daily smokers in the US

Modifying these behaviors is critical both for preventing and for controlling cardiovascular disease. Other steps that adults who have cardiovascular disease should take to reduce their risk of death and disability include adhering to treatment for high blood pressure and cholesterol, using aspirin as appropriate, and learning the symptoms of heart attack and stroke.

— National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

## Total Cardiovascular Risk

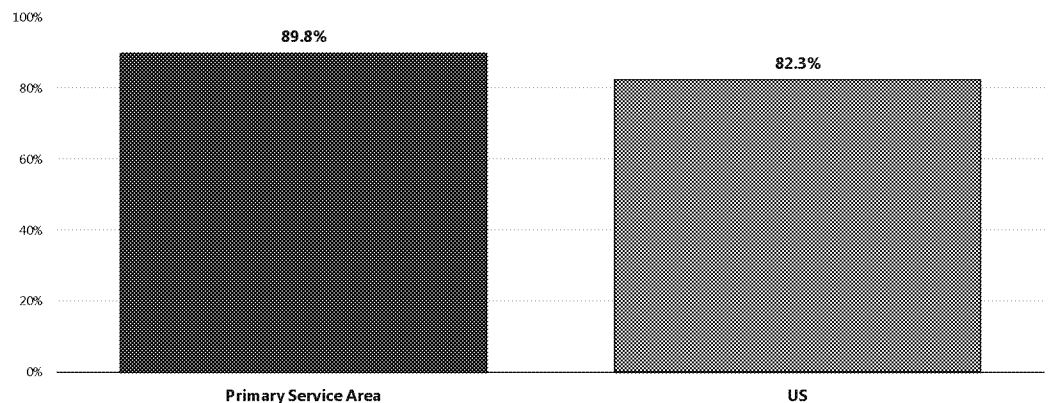
A total of 89.8% of Primary Service Area adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- Notably higher than national findings.

### RELATED ISSUE:

See also  
*Nutrition & Overweight,  
Physical Activity & Fitness  
and Tobacco Use* in the  
**Modifiable Health Risk**  
section of this report.

## Present One or More Cardiovascular Risks or Behaviors



Sources: ● 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]  
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.

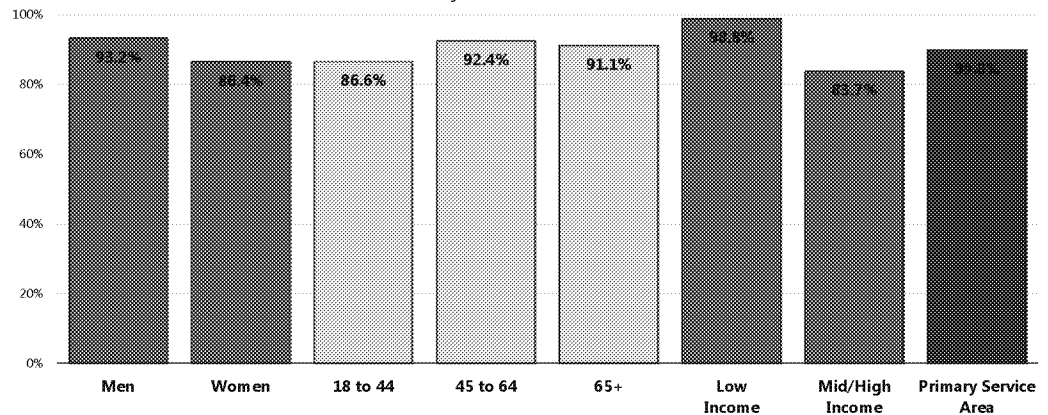
Notes: ● Asked of all respondents.  
● Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

Adults more likely to exhibit cardiovascular risk factors include:

- ☞ Residents living in households with lower incomes.
- ☞ Men.

### Present One or More Cardiovascular Risks or Behaviors

(Primary Service Area, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]

Notes: • Asked of all respondents.

• Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

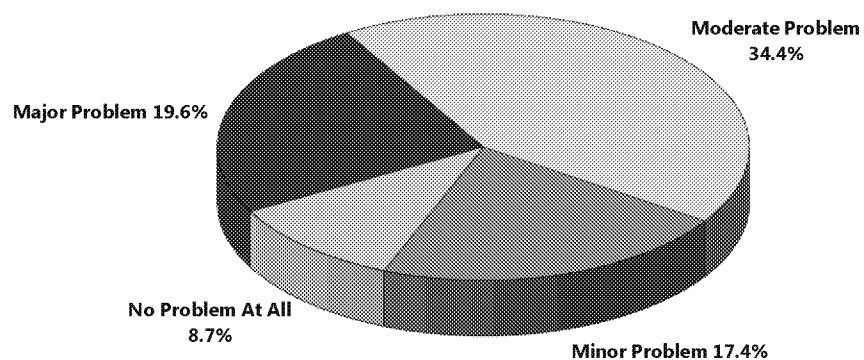
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

### Key Informant Input: Heart Disease & Stroke

More than half of the key informants taking part in an online survey characterized *Heart Disease and Stroke* as a "major" (19.6%) or "moderate" (34.4%) problem in the community.

### Perceptions of Heart Disease and Stroke as a Problem in the Community

(Key Informants, 2014)



Sources: • 2014 PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

## Top Concerns

Among those characterizing this as a “major problem,” reasons frequently related to the following:

### Unhealthy Lifestyles

*Less than healthy community. Many **risk factors** for heart disease. [Health Provider, Non-Physician]*

*Again, I think **lifestyle choices** by people in our community are the biggest factor. [Community Leader]*

*Aging population and **unhealthy lifestyles**. [Health Provider, Non-Physician]*

*Visuals. Seeing the state of body shapes it is apparent that nutrition is lacking. We are a fast food nation, unfortunately. Being **overweight** and not doing anything to combat the progression will only lead to heart disease and stroke. [Social Services Representative]*

*Our community culture doesn't promote **healthy eating or exercise** habits. [Health Provider, Non-Physician]*

*Many people **smoke** here. [Health Provider, Non-Physician]*

*An estimated 26% of the adult population uses **tobacco** which increases the risk of heart disease and heart attack. Many adults and children are overweight. BSB is ranked high among statistical areas included in the 2008 BRFSS in the percentage of adults with coronary heart disease and stroke. So, smoking, unhealthy diet, unhealthy lifestyles, lack of exercise and exposure to PM-2.5 particulates all contribute to cardiovascular disease. Butte has it all! [Community Leader]*

*These are diseases associated with an aged population; community also has **obesity, tobacco use, and diabetes** issues. [Health Provider, Non-Physician]*

### Other Concerns

*An increasing percentage of BSB is made up of people who are **65 years of age and older**. The median age in the county reached 41.6 years in 2008, up from 38.9 in 2000. There are over 5,700 senior citizens in the county, or roughly 16.5% of the BSB population. By 2025, seniors are expected to comprise 25%. [Community Leader]*

*Larger than normal amount of **people in their 30's - 40's** presenting to the ER with heart attacks. [Physician]*

***No open-heart program** is present in this town. The nearest program is 110 miles away. We are covered for stent and pacemaker placement. [Physician]*

# Cancer

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:

- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)

— Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

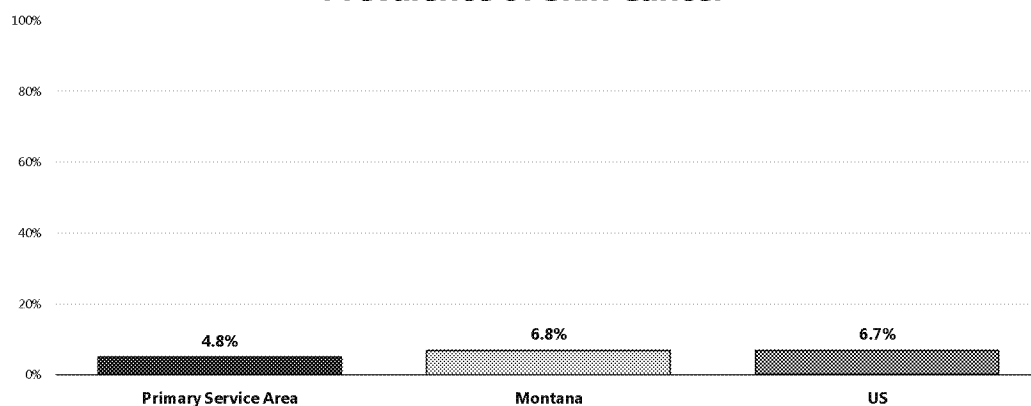
## Prevalence of Cancer

### Skin Cancer

**A total of 4.8% of surveyed Primary Service Area adults report having been diagnosed with skin cancer.**

- ◆ Similar to what is found statewide.
- ◆ Similar to the national average.

### Prevalence of Skin Cancer



Sources: 

- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 31]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2012 Montana data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: 

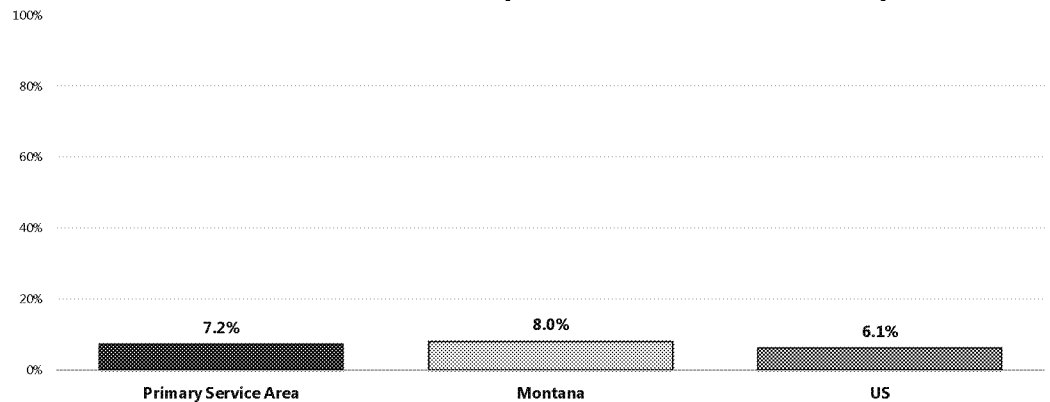
- Asked of all respondents.

## Other Cancer

A total of 7.2% of respondents have been diagnosed with some type of (non-skin) cancer.

- ◆ Similar to the statewide prevalence.
- Similar to the national prevalence.

### Prevalence of Cancer (Other Than Skin Cancer)



Sources: 

- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 30]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2012 Montana data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: 

- Asked of all respondents.

## Cancer Risk

Reducing the nation's cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
- According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.

— National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

## Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Screening levels in the community were measured in the PRC Community Health Survey relative to three cancer sites: female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

## Female Breast Cancer Screening

The US Preventive Services Task Force (USPSTF) recommends screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women age 45 and older.

*Rationale:* The USPSTF found fair evidence that mammography screening every 12-33 months significantly reduces mortality from breast cancer. Evidence is strongest for women age 50-69, the age group generally included in screening trials. For women age 40-49, the evidence that screening mammography reduces mortality from breast cancer is weaker, and the absolute benefit of mammography is smaller, than it is for older women. Most, but not all, studies indicate a mortality benefit for women undergoing mammography at ages 40-49, but the delay in observed benefit in women younger than 50 makes it difficult to determine the incremental benefit of beginning screening at age 40 rather than at age 50.

The absolute benefit is smaller because the incidence of breast cancer is lower among women in their 40s than it is among older women. The USPSTF concluded that the evidence is also generalizable to women age 70 and older (who face a higher absolute risk for breast cancer) if their life expectancy is not compromised by comorbid disease. The absolute probability of benefits of regular mammography increase along a continuum with age, whereas the likelihood of harms from screening (false-positive results and unnecessary anxiety, biopsies, and cost) diminish from ages 40-70. The balance of benefits and potential harms, therefore, grows more favorable as women age. The precise age at which the potential benefits of mammography justify the possible harms is a subjective choice. The USPSTF did not find sufficient evidence to specify the optimal screening interval for women age 40-49.

— US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services.

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

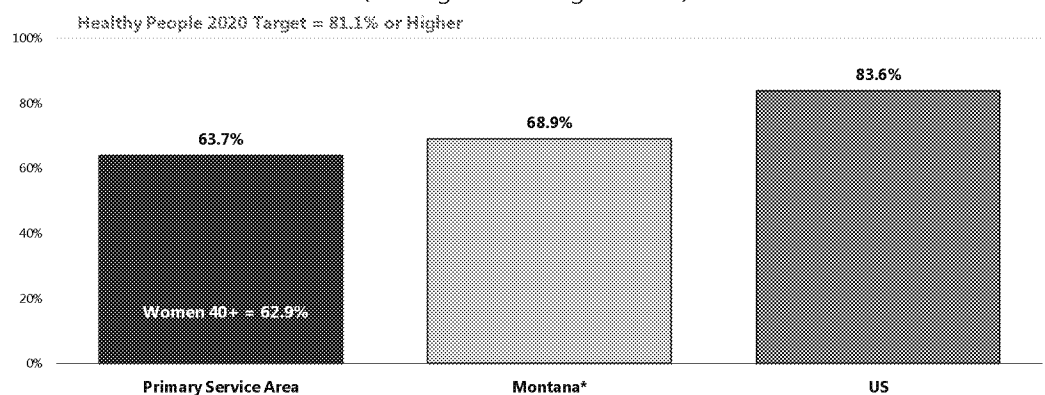
### Mammography

**Among women age 50-74, 63.7% had a mammogram within the past two years.**

- ◆ Similar to statewide findings (which represent all women 50+).
- ◆ Less favorable than national findings.
- ◆ Fails to satisfy the Healthy People 2020 target (81.1% or higher).
- ▤ Among women 40+, 62.9% had a mammogram in the past two years.

### Have Had a Mammogram in the Past Two Years

(Among Women Ages 50-74)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 128-129]  
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2012 Montana data.  
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-17]  
Notes: • Reflects female respondents 50-74.  
• \*Note that state data reflects all women 50 and older (vs. women 50-74 in local, US and Healthy People data).

## Cervical Cancer Screenings

The US Preventive Services Task Force (USPSTF) strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix.

*Rationale:* The USPSTF found good evidence from multiple observational studies that screening with cervical cytology (Pap smears) reduces incidence of and mortality from cervical cancer. Direct evidence to determine the optimal starting and stopping age and interval for screening is limited. Indirect evidence suggests most of the benefit can be obtained by beginning screening within 3 years of onset of sexual activity or age 21 (whichever comes first) and screening at least every 3 years. The USPSTF concludes that the benefits of screening substantially outweigh potential harms.

The USPSTF recommends against routinely screening women older than age 65 for cervical cancer if they have had adequate recent screening with normal Pap smears and are not otherwise at high risk for cervical cancer.

*Rationale:* The USPSTF found limited evidence to determine the benefits of continued screening in women older than 65. The yield of screening is low in previously screened women older than 65 due to the declining incidence of high-grade cervical lesions after middle age. There is fair evidence that screening women older than 65 is associated with an increased risk for potential harms, including false-positive results and invasive procedures. The USPSTF concludes that the potential harms of screening are likely to exceed benefits among older women who have had normal results previously and who are not otherwise at high risk for cervical cancer.

The USPSTF recommends against routine Pap smear screening in women who have had a total hysterectomy for benign disease.

*Rationale:* The USPSTF found fair evidence that the yield of cytologic screening is very low in women after hysterectomy and poor evidence that screening to detect vaginal cancer improves health outcomes. The USPSTF concludes that potential harms of continued screening after hysterectomy are likely to exceed benefits.

— US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services.

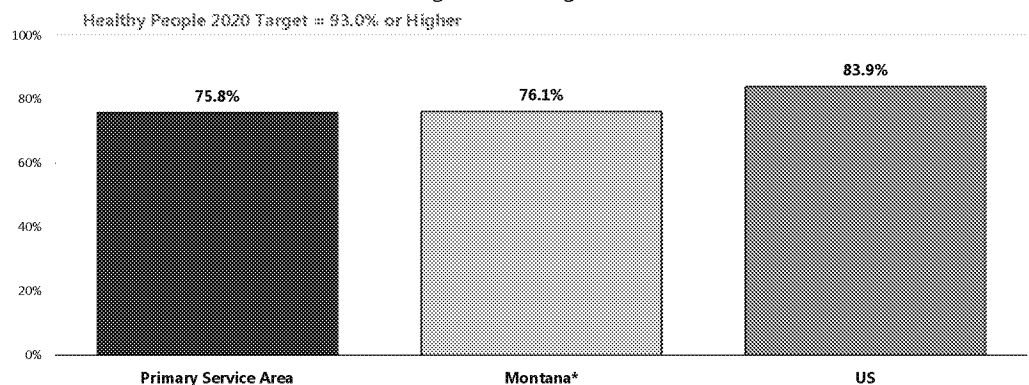
Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

## Pap Smear Testing

**Among women age 21 to 65, 75.8% had a Pap smear within the past three years.**

- Comparable to Montana findings (which represents all women 18+).
- Well below the national findings.
- Fails to satisfy the Healthy People 2020 target (93% or higher).

### Have Had a Pap Smear in the Past Three Years (Among Women Ages 21-65)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 130]  
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2012 Montana data.  
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-15]

Notes: • Reflects female respondents age 21 to 65.  
• \*Note that the Montana percentage represents all women age 18 and older.

## Colorectal Cancer Screenings

The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years.

The evidence is convincing that screening for colorectal cancer with fecal occult blood testing, sigmoidoscopy, or colonoscopy detects early-stage cancer and adenomatous polyps. There is convincing evidence that screening with any of the three recommended tests (FOBT, sigmoidoscopy, colonoscopy) reduces colorectal cancer mortality in adults age 50 to 75 years. Follow-up of positive screening test results requires colonoscopy regardless of the screening test used.

— US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services.

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

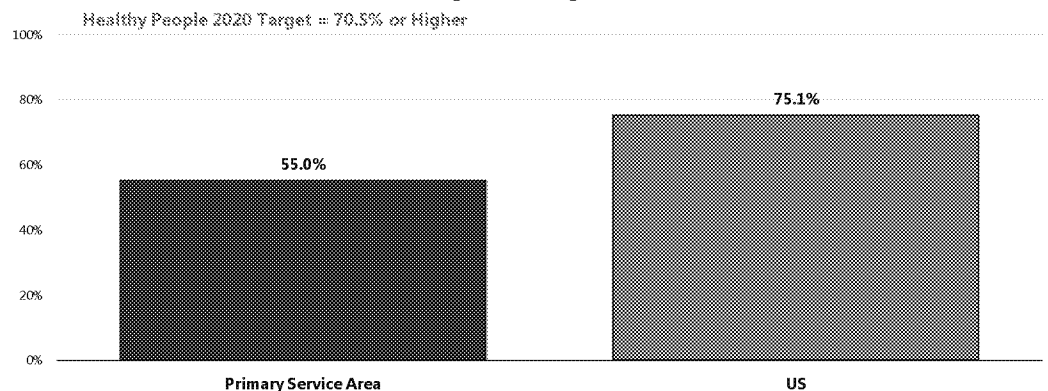
### Colorectal Cancer Screening

**Among adults age 50-75, 55.0% have had an appropriate colorectal cancer screening (fecal occult blood testing within the past year and/or sigmoidoscopy/colonoscopy [lower endoscopy] within the past 10 years).**

- Well below the national percentage.
- Fails to satisfy the Healthy People 2020 target (70.5% or higher).

### Have Had a Colorectal Cancer Screening

(Among Adults Age 50-75)



Sources: 

- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 133]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-16]

Notes: 

- Asked of all respondents age 50 through 75.
- In this case, the term "colorectal screening" refers to adults age 50-75 receiving a FOBT (fecal occult blood test) in the past year and/or a lower endoscopy (sigmoidoscopy/colonoscopy) in the past 10 years.

### Lower Endoscopy & Blood Stool Testing

**Among adults age 50 and older, nearly 2 in 3 (63.7%) have had a lower endoscopy (sigmoidoscopy or colonoscopy) at some point in their lives.**

- Similar to Montana findings.
- Less favorable than national findings.

**Among adults age 50 and older, 22.5% have had a blood stool test (aka "fecal occult blood test") within the past two years.**

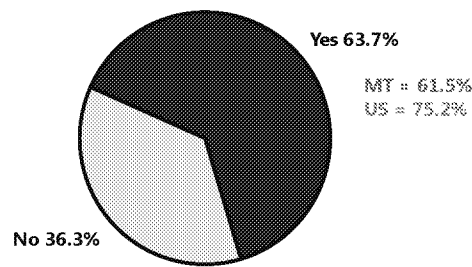
- Higher than the Montana percentage.



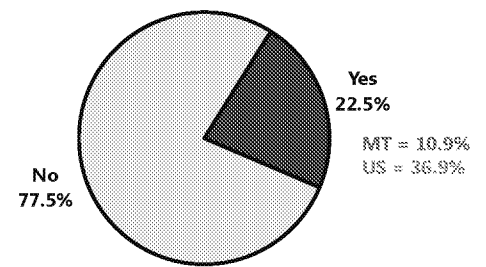
- ◆ Lower than national findings.

## Colorectal Cancer Screenings

(Among Primary Service Area Adults Age 50 and Older, 2014)



**Have Ever Had a Lower Endoscopy Exam**



**Have Had a Blood Stool Test in the Past Two Years**

Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 131-132]  
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2012 Montana data.

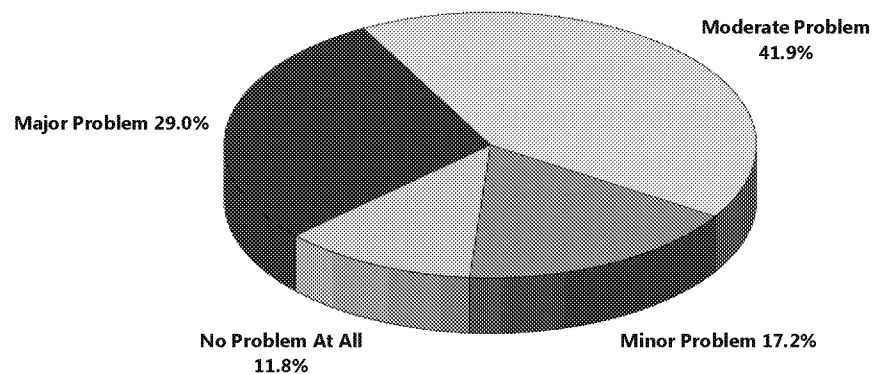
Notes: • Asked of respondents age 50 and older.  
• Lower endoscopy includes either sigmoidoscopy or colonoscopy.

## Key Informant Input: Cancer

Over 70% of key informants taking part in an online survey characterized *Cancer* as a "major" (29.0%) or "moderate" (41.9%) problem in the community.

## Perceptions of Cancer as a Problem in the Community

(Key Informants, 2014)



Sources: • 2014 PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

## Top Concerns

Among those characterizing this as a “major problem,” reasons frequently related to the following:

### Environmental & Occupational Concerns

*Our community's historical base left us with a number of **carcinogens** that are slowly (and often incompletely) being addressed. My understanding is that we have a high number of individuals with cancer, but that the actual numbers are masked by the fact that people from Butte usually go out of town for treatment. However, I have to admit that some of my information may be dated. [Social Services Representative]*

*I'm really not sure why, but the **water and air** have to be factors. [Community Leader]*

*Elderly population (average age makes us one of oldest counties in Montana). Numerous risk factors associated with a mining community such as alcohol, smoking, and **environmental exposures**. Some exposures not present in similar size populations. [Health Provider, Non-Physician]*

*Lots of kids and adults with tumors. Are we at higher risk because of mining? I think we have **environmental hazards**. Radon is HUGE in Butte and I think unaddressed to a large extent. [Health Provider, Non-Physician]*

*We're living longer, at some point you will have cancer and/or cardiac disease. **Mining occupations**, high incidence of tobacco use, mining pollution, high cost of cancer drugs. [Health Provider, Non-Physician]*

*There are a number of reasons, including the **age of the population**. Average age in Butte is over 40, and many cancers are associated with aging populations. In addition, the **air quality** in Butte-Silver Bow County is close to a level of PM-2.5 that violates National Ambient Air Quality Standards and which has been associated with lung and bronchus cancers, the leading cause of cancer deaths. Recent studies have shown that the greatest contribution to the PM (particulate matter) concentrations come from residential wood smoke during the winter months. This is a cheap source of heat for a community in which poverty is prevalent. Lead dust and other pollutants associated with mining also contribute. [Community Leader]*

### Cancer Treatment

*Many health issues often present as something else. Sometimes people in the community **do not have resources** to complete all the hit and miss testing before a diagnosis of cancer is discovered. When cancer is discovered, treatment may not be feasible due to the progression or too expensive to do. [Health Provider, Non-Physician]*

*Many citizens of Silver Bow County need to go elsewhere for surgery and **cancer treatment** as there is a lack of surgeons and oncologist in this community. [Health Provider, Non-Physician]*

*The **oncologist** refuses to discuss patients with Nurse Practitioners or Physician Assistants. The Butte oncologist will only allow appointments after he has personally cleared the case for referral. This makes referrals very difficult. However, the Oncology group in Bozeman is always courteous, accepts referrals directly from Nurse Practitioners and Physician Assistants and will get referrals in as soon as possible. [Health Provider, Non-Physician]*

*Cancer clusters, low screening rates, and **no cancer treatment center**. [Health Provider, Non-Physician]*

While we are making an effort to expand our treatment options currently there is **minimal [treatment] in the way of local care** and patients have to travel - this is changing however. [Physician]

**Only one medical oncologist** in town with outdated radiation equipment and a small infusion center to care for Butte and outlying community. [Physician]

Very little meaningful screening, mostly due to **cost burden but also due to lack of good services and programs**. Many of the primary care practitioners, including mid-levels seem to do a less than adequate job with this. early detection is less common than I have seen elsewhere. [Physician]

It's prevalent in the community and impacts many others. The **treatments are expensive** and our community is not affluent. [Community Leader]

**Expense** post-diagnosis. [Physician]

#### General Concerns

I have known **personally** many people with different types of cancer. [Social Services Representative]

**Each individual in our community has been affected in some fashion** by this disease and often need to seek treatment out of town. [Community Leader]

I feel as though cancer is a **major problem in general**. And recently several people from Butte have either died or been diagnosed with this deadly illness. [Social Services Representative]

Several young people and the research numbers about **incidence of cancer**. [Social Services Representative]

There are **many different kinds and cases**. [Health Provider, Non-Physician]

There seems to be a **great deal of the population diagnosed and treating cancer**, and a wide variety of types. It seems to be affecting many age groups as well. [Community Leader]

It seems to becoming more and more prevalent as time goes on. [Community Leader]

There is a **high rate of cancer** in our community, I believe it is somewhat environmental. This is due to the mining aftermath and contamination caused by it. [Health Provider, Non-Physician]

The number of **people I personally know** who have died and or are fighting cancer. [Community Leader]

Many individuals are diagnosed with cancer every year. **Seems to be a common** illness in Silverbow Co. [Social Services Representative]

We are seeing **way too many people** seeing a physician because of cancer. Everyday some else is saying they have it. [Health Provider, Non-Physician]

Daily more people come to the oncology department for treatment. It is almost like an **epidemic**. Daily more are diagnosed with cancer. [Community Leader]

# Respiratory Disease

Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

Several additional respiratory conditions and respiratory hazards, including infectious agents and occupational and environmental exposures, are covered in other areas of Healthy People 2020. Examples include tuberculosis, lung cancer, acquired immunodeficiency syndrome (AIDS), pneumonia, occupational lung disease, and smoking. Sleep Health is now a separate topic area of Healthy People 2020.

Currently in the United States, more than 23 million people have asthma. Approximately 13.6 million adults have been diagnosed with COPD, and an approximately equal number have not yet been diagnosed. The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at \$20.7 billion.

**Asthma.** The prevalence of asthma has increased since 1980. However, deaths from asthma have decreased since the mid-1990s. The causes of asthma are an active area of research and involve both genetic and environmental factors.

Risk factors for asthma currently being investigated include:

- Having a parent with asthma
- Sensitization to irritants and allergens
- Respiratory infections in childhood
- Overweight

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include: children; women (among adults) and boys (among children); African Americans; Puerto Ricans; people living in the Northeast United States; people living below the Federal poverty level; and employees with certain exposures in the workplace.

While there is not a cure for asthma yet, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.

— Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

[NOTE: COPD was changed to chronic lower respiratory disease (CLRD) with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.]

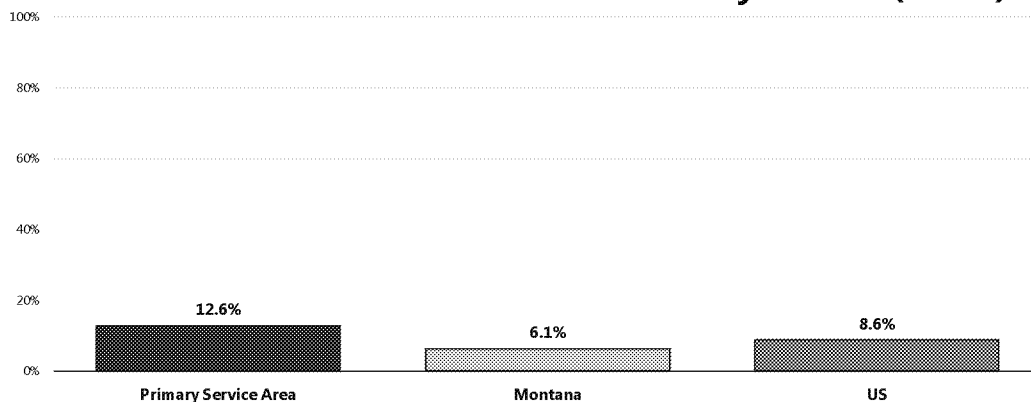
Survey respondents were next asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma and COPD.

## Chronic Obstructive Pulmonary Disease (COPD)

**A total of 12.6% of Primary Service Area adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).**

- Twice the state percentage.
- Higher than the national prevalence.

### Prevalence of Chronic Obstructive Pulmonary Disease (COPD)



Sources:
 

- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 25]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Montana data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

 Notes:
 

- Asked of all respondents.
- Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.

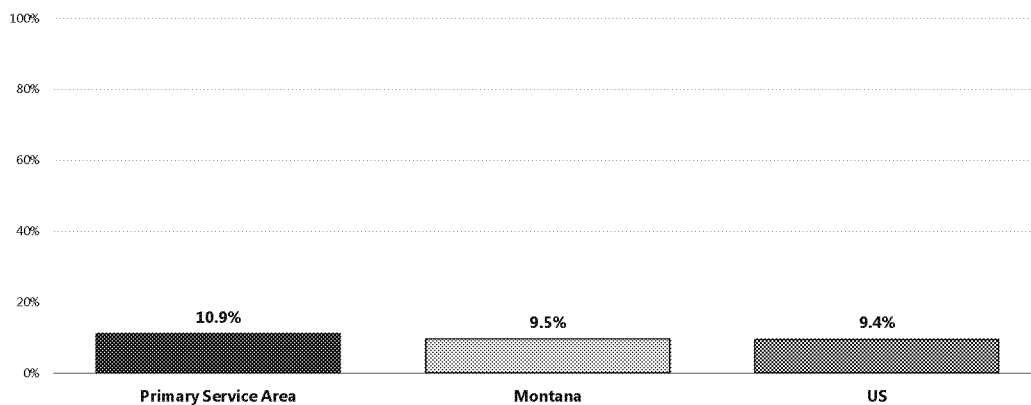
## Asthma

### Adults

**A total of 10.9% of Primary Service Area adults currently suffer from asthma.**

- Similar to the statewide prevalence.
- Similar to the national prevalence.

### Adult Asthma: Current Prevalence



Sources:
 

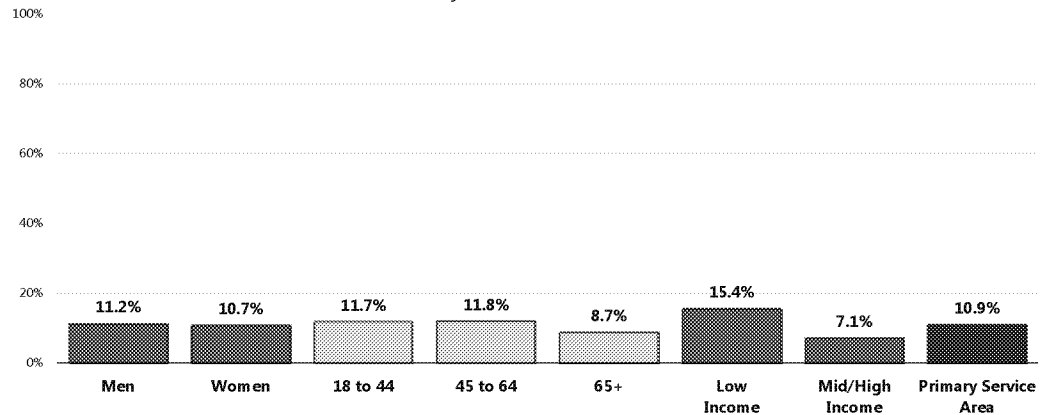
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 134]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Montana data.

 Notes:
 

- Asked of all respondents.
- Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.

Low-income residents in the Primary Service Area are more likely to suffer from asthma.

### Currently Have Asthma (Primary Service Area, 2014)



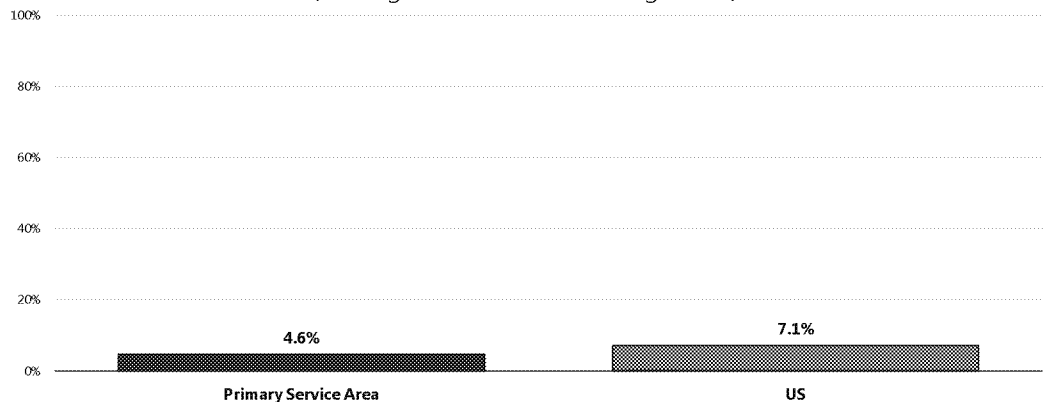
Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 134]  
 Notes: • Asked of all respondents.  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

### Children

Among Primary Service Area children under age 18, 4.6% currently have asthma.

- Statistically comparable to national findings.

### Childhood Asthma: Current Prevalence (Among Parents of Children Age 0-17)



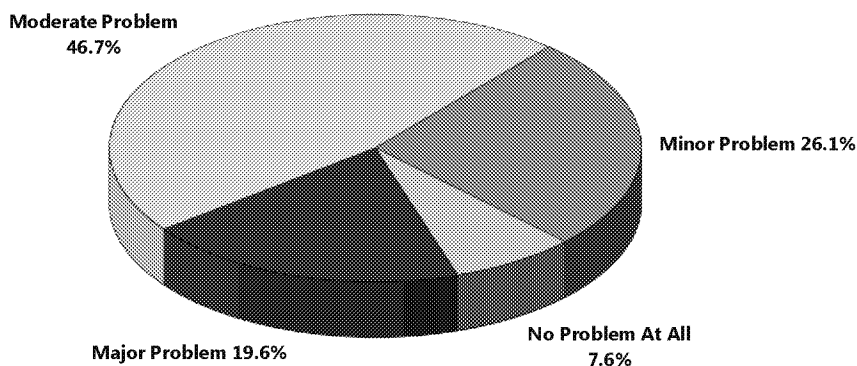
Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 135]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents with children 0 to 17 in the household.  
 • Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.

## Key Informant Input: Respiratory Disease

Two in three key informants taking part in an online survey characterized *Respiratory Diseases* as a “major” (19.6%) or “moderate” (46.7%) problem in the community.

### Perceptions of Respiratory Disease as a Problem in the Community

(Key Informants, 2014)



Sources: • 2014 PRC Online Key Informant Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.

## Top Concerns

Among those characterizing this as a “major problem,” reasons frequently related to the following:

### Environmental Concerns

*High population of smokers, **air quality** is poor at times. [Health Provider, Non-Physician]*

*I work with individuals with disabilities, we have several people come through our doors with COPD and other respiratory issues. Our **elevation** is a huge problem for these individuals. [Social Services Representative]*

*Mine dust, smokers, summer **wildfire smoke** and winter wood-burning **stove smoke**. [Health Provider, Non-Physician]*

*I see more people come into the hospital on oxygen and even my friends now have respiratory problems. I believe the **air quality** is very poor. [Community Leader]*

*High **altitude** and poor **air quality** exacerbate lung conditions. [Physician]*

### Smoking

***Tobacco** use leading to COPD while living at altitude. [Physician]*

***Smoking** prevalence. [Physician]*

*Many **smokers** in this community. [Physician]*

#### Occupational Concerns

*History of smoking, **mining**. [Health Provider, Non-Physician]*

*Dust from the **mining operation** and the lack of dust abatement on county alleys. High elevation—too many seniors on oxygen. [Community Leader]*

*Due to the dust rising from the **mine**. [Health Provider, Non-Physician]*

#### Lack of Resources

*There are a limited number of **physicians** in this area that specialize in respiratory diseases. [Community Leader]*



# Injury & Violence

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as “accidents,” “acts of fate,” or as “part of life.” However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may focus on:

- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

— Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

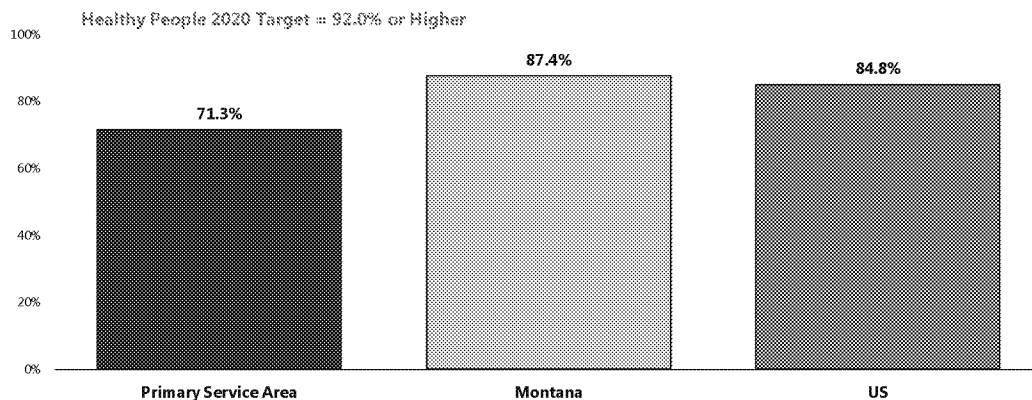
## Motor Vehicle Safety

### Seat Belt Usage - Adults

Most Primary Service Area adults (71.3%) report “always” wearing a seat belt when driving or riding in a vehicle.

- Well below the statewide proportion.
- Well below the percentage found nationally.
- Fails to satisfy the Healthy People 2020 target of 92.4% or higher.

### “Always” Wear a Seat Belt When Driving or Riding in a Vehicle



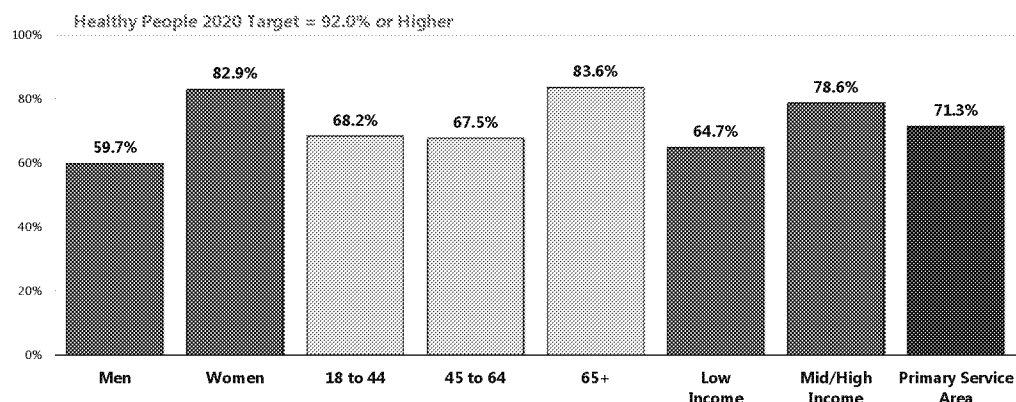
Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]  
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2012 Montana data.  
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IPV-15]

Notes: • Asked of all respondents.

These population segments are less likely to report consistent seat belt usage:

☞ Men, adults under age 65, and residents living on lower incomes.

### “Always” Wear a Seat Belt When Driving or Riding in a Vehicle (Primary Service Area, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]  
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IPV-15]

Notes: • Asked of all respondents.  
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

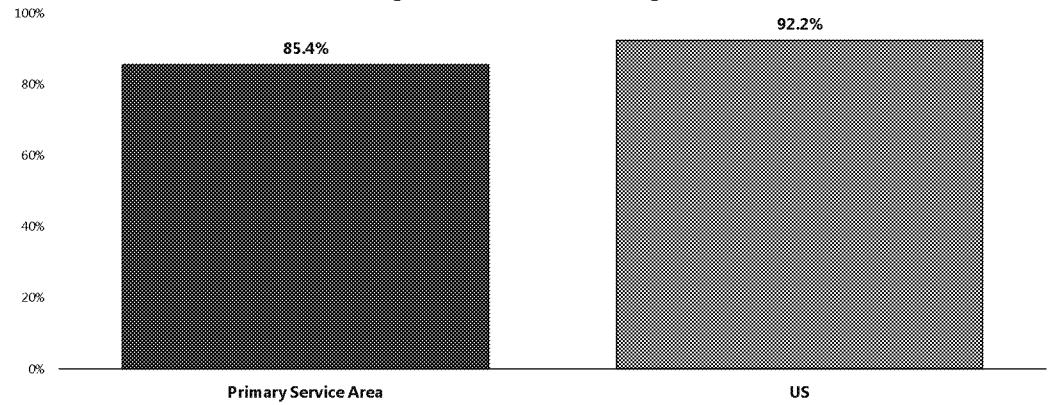
## Seat Belt Usage - Children

A total of 85.4% of Primary Service Area parents report that their child (age 0 to 17) “always” wears a seat belt (or appropriate car seat for younger children) when riding in a vehicle.

- ◆ Statistically similar to what is found nationally.

### Child “Always” Wears a Seat Belt or Appropriate Restraint When Riding in a Vehicle

(Among Parents of Children Age 0-17)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 122]  
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents with children 0 to 17 in the household.

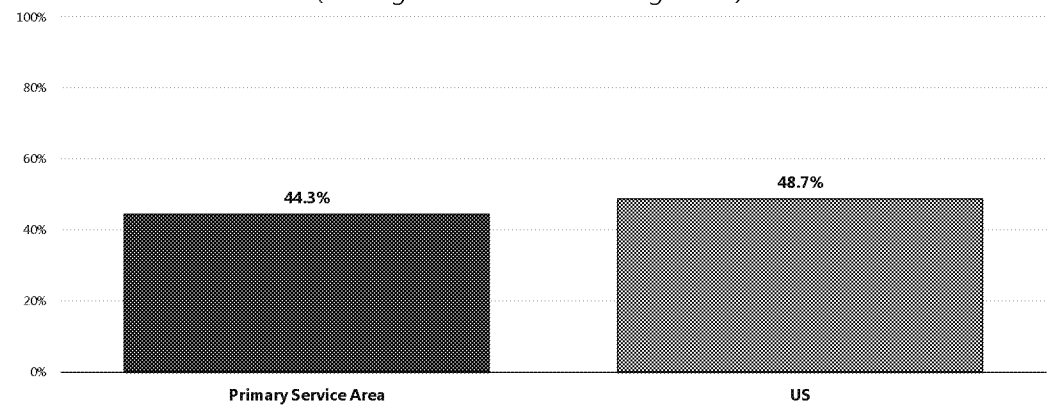
## Bicycle Safety

A total of 44.3% of Primary Service Area children age 5 to 17 are reported to “always” wear a helmet when riding a bicycle.

- ◆ Statistically comparable to the national prevalence.

### Child “Always” Wears a Helmet When Riding a Bicycle

(Among Parents of Children Age 5-17)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 121]  
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents with children age 5 to 17 at home.

## Firearm Safety

Survey respondents were further asked about the presence of weapons in the home:

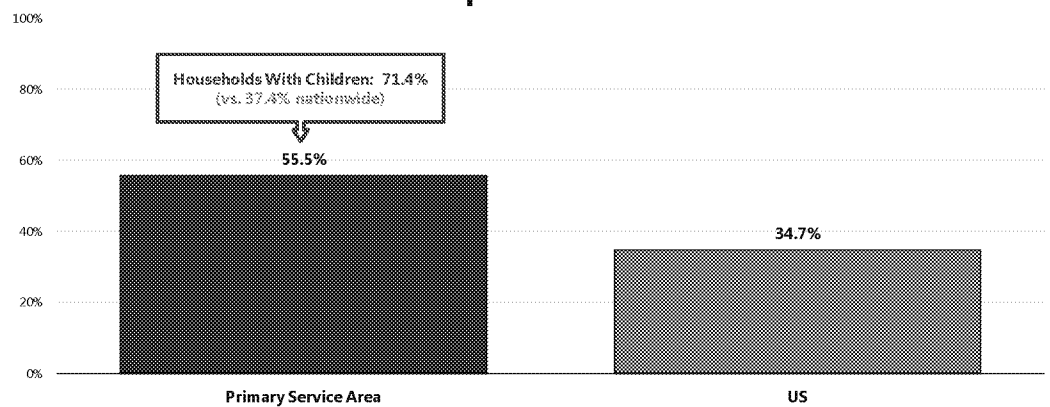
*"Are there any firearms now kept in or around your home, including those kept in a garage, outdoor storage area, truck, or car? For the purposes of this inquiry, 'firearms' include pistols, shotguns, rifles, and other types of guns, but do NOT include starter pistols, BB guns, or guns that cannot fire."*

### Presence of Firearms in Homes

Overall, just over one-half of Primary Service Area adults (55.5%) has a firearm kept in or around their home.

- Much higher than the national prevalence.
- 👤 Among Primary Service Area households with children, 71.4% have a firearm kept in or around the house (nearly twice the reported national findings).

### Have a Firearm Kept in or Around the Home



Sources: ● 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 52, 137]

● 2013 PRC National Health Survey, Professional Research Consultants, Inc.

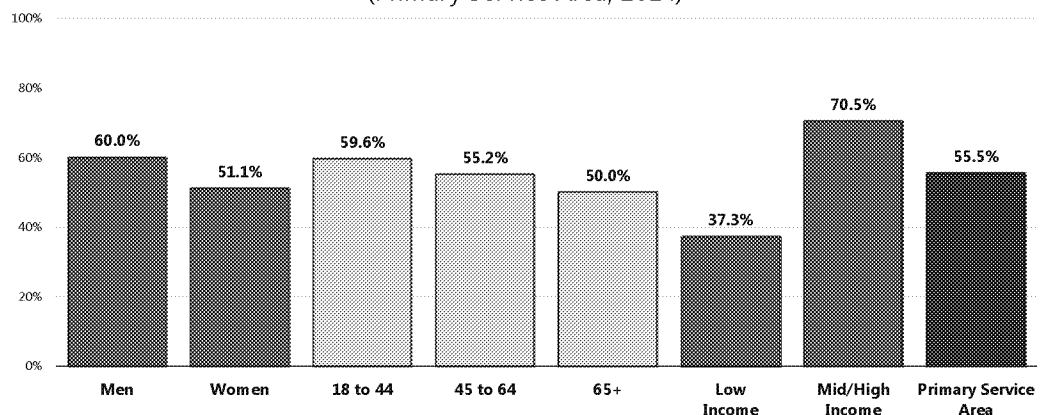
Notes: ● Asked of all respondents.

● In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

- 👤 Reports of firearms in or around the home are more prevalent among higher-income households.

### Have a Firearm Kept in or Around the House

(Primary Service Area, 2014)



Sources: ● 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]

Notes: ● Asked of all respondents.

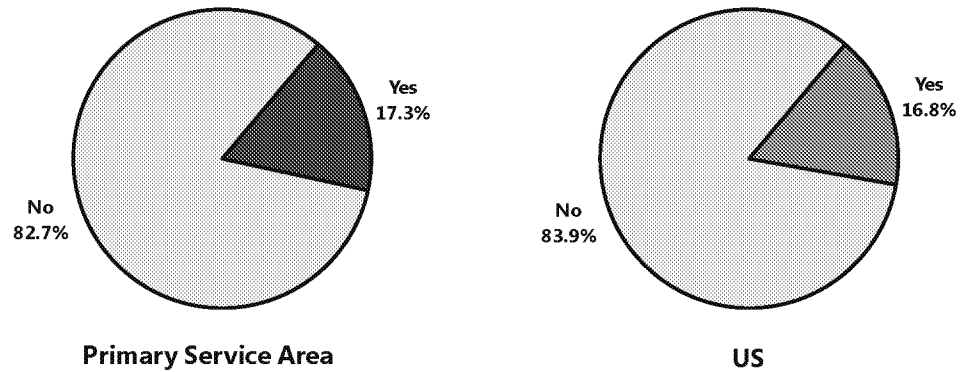
● In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among Primary Service Area households with firearms, 17.3% report that there is at least one weapon that is kept unlocked and loaded.

- Statistically similar to that found nationally.

### Household Has An Unlocked, Loaded Firearm (Among Respondents Reporting a Firearm in or Around the Home)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents with a firearm in or around the home.  
 • In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

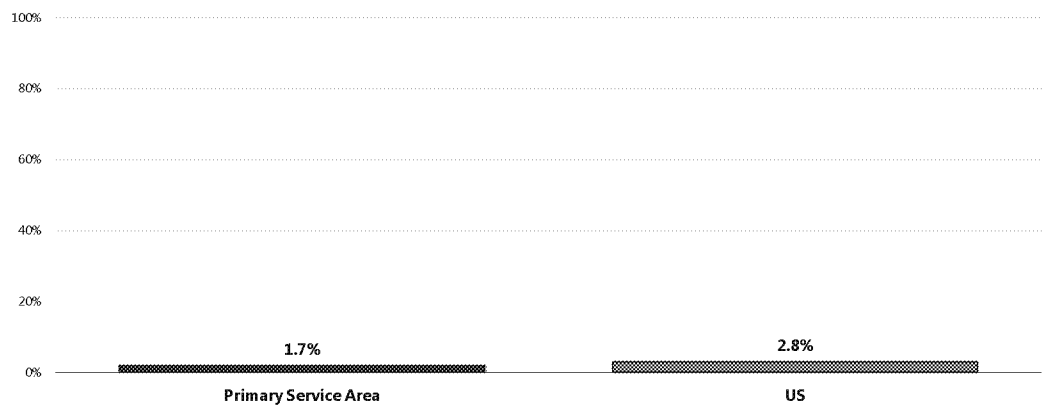
## Intentional Injury (Violence)

### Self-Reported Violence

A total of 1.7% of Primary Service Area adults acknowledges being the victim of a violent crime in the past five years.

- Statistically similar to national findings.

### Victim of a Violent Crime in the Past Five Years

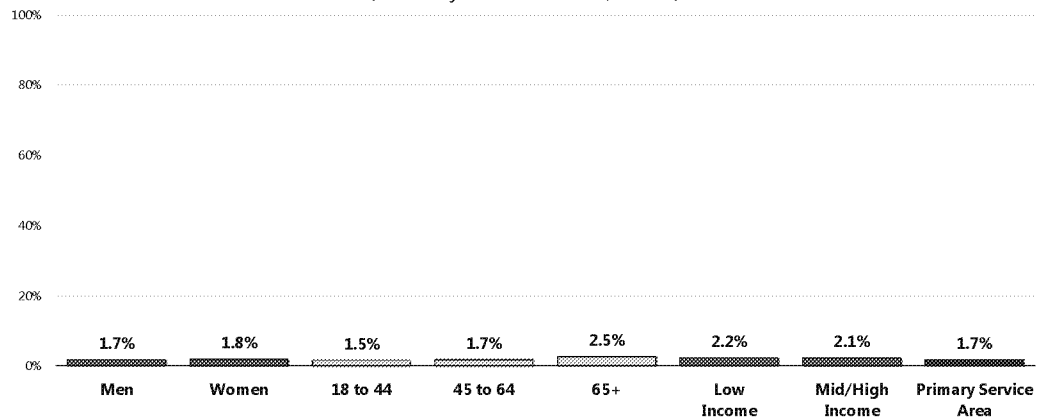


Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 50]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.

Reports of violence do not vary significantly by key demographic characteristics in the Primary Service Area.

## Victim of a Violent Crime in the Past Five Years

(Primary Service Area, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 50]

Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Self-Reported Family Violence

A total of 12.4% of respondents acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- Similar to national findings.

## Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 51]

• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

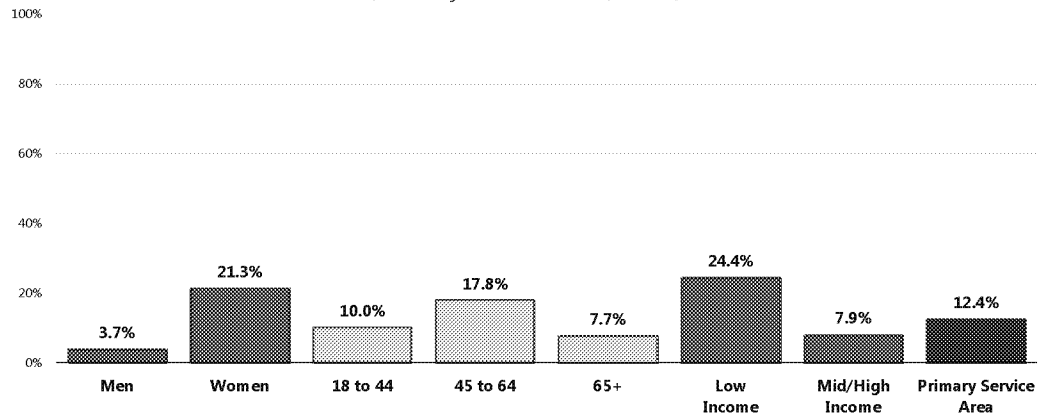
Notes: • Asked of all respondents.

Reports of domestic violence are also notably higher among:

- 👤 Women.
- 👤 Adults between the ages of 45 and 64.
- 👤 Those with lower incomes.

### Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner

(Primary Service Area, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 51]

Notes: • Asked of all respondents.

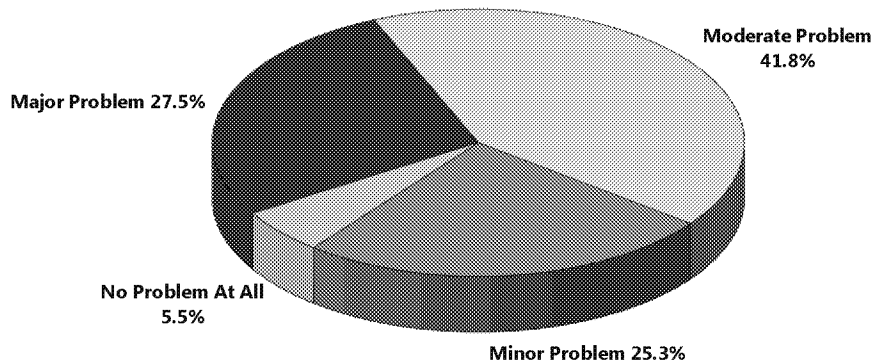
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

### Key Informant Input: Injury & Violence

Nearly 7 in 10 key informants taking part in an online survey characterized *Injury and Violence* as a "major" (27.5%) or "moderate" (41.8%) problem in the community.

### Perceptions of Injury and Violence as a Problem in the Community

(Key Informants, 2014)



Sources: • 2014 PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

## Top Concerns

Among those characterizing this as a “major problem,” reasons frequently related to the following:

### Family Violence

*Specifically **domestic violence** and **child abuse** due to drug or alcohol abuse. [Social Services Representative]*

*Concern about violence in the community including **child and spouse abuse**. [Health Provider, Non-Physician]*

*There are acts of domestic violence and child abuse reported on a daily basis. Also incidents of robbery, fights in the bars, etc. [Community Leader]*

*In a community assessment completed by our agency it found that **domestic violence** was very high in our community. [Social Services Representative]*

*I believe violence is a big problem because I have a good connection with some of the schools and the teachers. There are an exorbitant number of **children who are very abused by parents and other relatives**. [Community Leader]*

*Domestic violence. [Physician]*

*There is still a stigma in Montana about talking about injury and violence. Specifically **violence in the homes**. Many men, women and children suffer silently with violence in their home. [Health Provider, Non-Physician]*

### Suicide

*Butte-Silver Bow is 10th in Montana in terms of **suicide** rate (and Montana is in the top three to five nationally in terms of rate per capita). The health department is leading a new public health approach to suicide prevention; resources for this effort would be appreciated but is not realistic. [Director, BSB Public Health Department]*

***Suicide** prevention among teens. [Health Provider, Non-Physician]*

*Higher rates of excessive EtOH use, **teen suicide** rates. [Physician]*

*Our community has experienced a high number of suicides this year; in particular, **teen suicides**. It is quite evident that hotlines, etc. were not readily available. I know of teens who have had difficulty getting into a counselor because the counselors are not accepting new patients - an indication that they are overburdened and there is a need for more licensed therapists in our community. [Community Leader]*

*There is an increased incidence of mental health problems, substance abuse, and dysfunctional family life that contributes to increased injury and violence. There are many **children** committing or attempting to commit suicide in our community and this needs to be addressed before we lose more of our precious children to injury and violence. [Physician]*

### Substance Abuse

*In a word -- **alcohol**. There is a lot of alcohol-induced stupidity, particularly when the potent chemical triumvirate of alcohol-gasoline-and testosterone are allowed to mingle. [Community Leader]*

*Butte culture makes it more acceptable. Lower incomes put individuals and families in stressful situations that make it more likely to occur. **Alcohol and drug use** is high which leads to it to*



because of lack of restraint and need to fuel addictions. [Community Leader]

Substance abuse + Poor cultural buy-in to safety like helmets and reasonable gun locks, etc. = unnecessary injury, violence, etc. [Physician]

#### Other Concerns

We have a population that is well below **poverty** level and there is an attitude of violence. [Health Provider, Non-Physician]

You just have to pick up the newspaper or read online about the violence, abuse and injury in Butte. It seems there are story after story. [Social Services Representative]

Butte has a lot of violence. [Social Services Representative]

From the news, occasionally see patients that have been victims of violence. [Health Provider, Non-Physician]

Bar fights/shootings/suicide attempts. [Physician]

#### At-Risk Groups

At particular risk are the following:

It is easy to assume that the most disadvantaged socio-economic groups are the most vulnerable to substance abuse and violence. Unfortunately, **all areas of Butte and all socio-economic levels** are affected. [Community Leader]

Groups with **added stressors** such as low income or unemployed, drug or alcohol addictions. [Social Services Representative]

**Low income populations** seem to be more at risk, but it can happen at any level. [Community Leader]

**Socio-economically depressed.** [Physician]

I think all groups, but especially the **homeless** and those on the poverty level. [Social Services Representative]

Primarily **homeless** and those involved in **drug abuse.** [Physician]

In **uptown Butte** certain blocks are more low income than others. The **Silver Bow Homes** is another. [Health Provider, Non-Physician]

**Lower income uptown** Butte. [Physician]

**Central Butte.** [Community Leader]

# Diabetes

Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes.

Effective therapy can prevent or delay diabetic complications. However, almost 25% of Americans with diabetes mellitus are undiagnosed, and another 57 million Americans have blood glucose levels that greatly increase their risk of developing diabetes mellitus in the next several years. Few people receive effective preventative care, which makes diabetes mellitus an immense and complex public health challenge.

Diabetes mellitus affects an estimated 23.6 million people in the United States and is the 7th leading cause of death. Diabetes mellitus:

- Lowers life expectancy by up to 15 years.
- Increases the risk of heart disease by 2 to 4 times.
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

In addition to these human costs, the estimated total financial cost of diabetes mellitus in the US in 2007 was \$174 billion, which includes the costs of medical care, disability, and premature death.

The rate of diabetes mellitus continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with diabetes mellitus, and possibly earlier onset of type 2 diabetes mellitus, there is growing concern about the possibility that the increase in the number of persons with diabetes mellitus and the complexity of their care might overwhelm existing healthcare systems.

People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes.

Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.

— Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## Prevalence of Diabetes

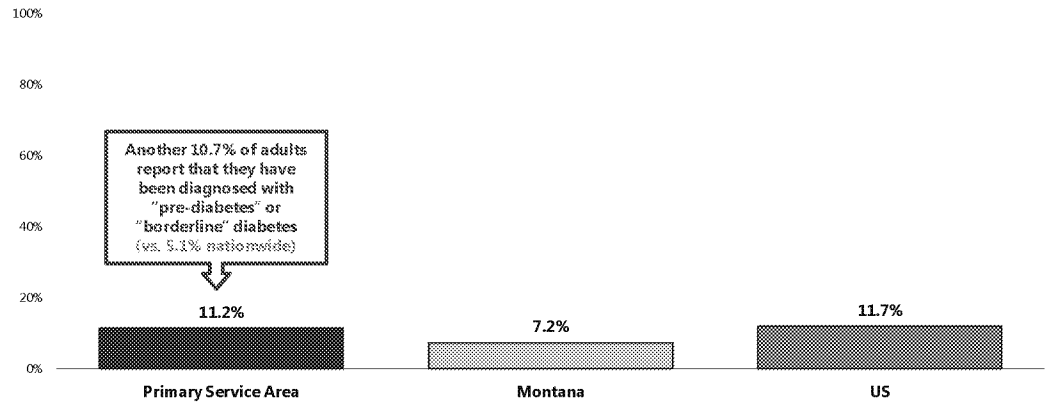
**A total of 11.2% of Primary Service Area adults report having been diagnosed with diabetes.**

- Higher than the statewide proportion.
- Similar to the national proportion.

**In addition to the prevalence of diagnosed diabetes referenced above, another 10.7% of Primary Service Area adults report that they have “pre-diabetes” or “borderline diabetes.”**

- Twice the national proportion.

## Prevalence of Diabetes



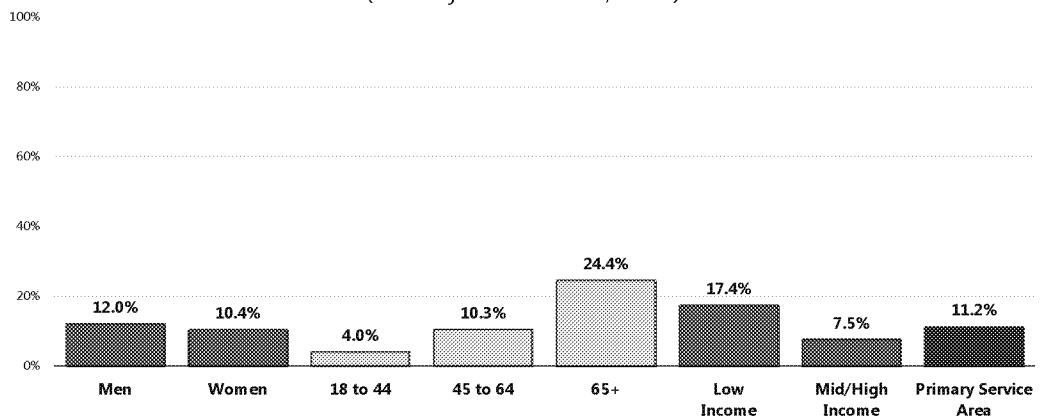
Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 136]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2012 Montana data.

Notes: • Asked of all respondents.  
 • Local and national data exclude gestation diabetes (occurring only during pregnancy).

A higher prevalence of diagnosed diabetes (excluding pre-diabetes or borderline diabetes) is reported among:

- 👴 Older adults (note the strong positive correlation between diabetes and age, with 24.4% of seniors with diabetes).
- 👨‍👩‍👧 Residents in lower-income households.

## Prevalence of Diabetes (Primary Service Area, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 136]  
 Notes: • Asked of all respondents.  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.  
 • Excludes gestation diabetes (occurring only during pregnancy).

## Diabetes Testing

Of Primary Service Area adults who have not been diagnosed with diabetes, 52.3% report having had their blood sugar level tested within the past three years.

- ◆ Similar to the national proportion.

### Have Had Blood Sugar Tested in the Past Three Years (Among Non-Diabetics)

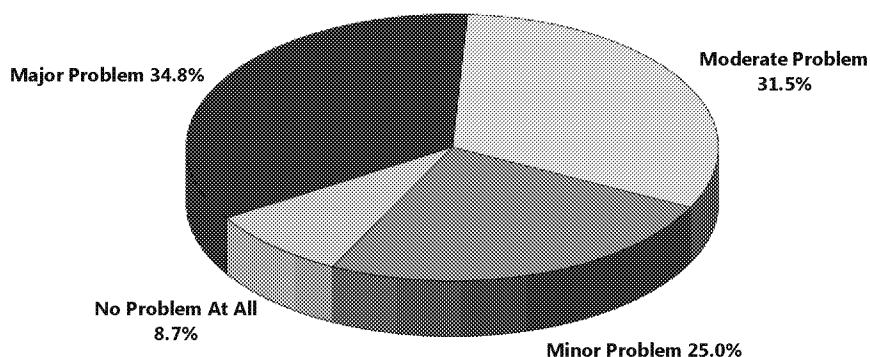


Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 40]  
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
Notes: • Asked of respondents who have not been diagnosed with diabetes.

## Key Informant Input: Diabetes

Nearly 2 in 3 key informants taking part in an online survey characterized *Diabetes* as a "major" (34.8%) or "moderate" (31.5%) problem in the community.

### Perceptions of Diabetes as a Problem in the Community (Key Informants, 2014)



Sources: • 2014 PRC Online Key Informant Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.

## Top Concerns

Among those characterizing this as a “major problem,” reasons frequently related to the following:

### Diet and Exercise

*At the food bank we try and provide **food which diabetics can eat**. But we cannot always do that as things are very expensive. We have also posted sheets to identify ways to make **healthy substitutions** and to make sure they are aware of the help they can receive at Community Health. [Social Services Representative]*

*Overall access to healthcare, but due to our geographic location and lack of usable sidewalks, individuals are less likely to engage in **exercise** outdoors. Also, lack of access to **healthy food options** and the expense. [Social Services Representative]*

*Diabetes is a serious disease that many of our patients do not take seriously. By the time most patients are diagnosis with type2 diabetes their **habits of malnourishment and inactivity** are so engrained it is hard for them to make a change. It is also very difficult for most patients to fully grasp how diabetes is affecting their health. [Health Provider, Non-Physician]*

**Diet!** [Community Leader]

*Obesity, poor food choices. Lots of people have trouble affording meds. [Health Provider, Non-Physician]*

*Long, inactive winters. [Health Provider, Non-Physician]*

*Due to **lifestyle habits**, there appears to be high incident rate in our community. [Community Leader]*

*Not enough physical activity, **unhealthy lifestyle choices**. [Health Provider, Non-Physician]*

*Obesity - this contributes to so much of what we see on a daily basis. [Physician]*

**Access to healthy, affordable food** - most of our patients rely on frozen/ prepared meals rather than making their own. [Physician]

**Preventable complications** associated with poor control. [Physician]

*Exercise - the majority of our diabetic patients do not exercise. [Physician]*

*Type 1 diabetes is its own problem -- but Butte has high levels of Type 2 diabetes associated with obesity and consumption of carbohydrate-rich alcohols as a **way of life**. Obesity is common in Butte and is a major contributing factor to Type 2 diabetes. Fast-food restaurants abound and many low income folks have NO IDEA how to prepare healthy, cost-effective meals that can help prevent diet-associated diseases. There are **bars on every corner** and our most celebrated new businesses are quarries and distilleries. [Community Leader]*

*The discipline to change their **diet** and get more **exercise**. [Community Leader]*

### Education and Prevention

*I see so much **diabetes among the elderly** in this community. Some manage it well and others do not. I don't know what the biggest challenge is, but maybe it has more to do with educating people about diet and exercise so that we avoid the disease in the first place. [Social Services Representative]*

**Education** for both type 1 and 2. [Community Leader]

This will be a national pandemic and more **wellness and prevention** efforts are needed.  
[Director BSB Public Health Department]

The biggest challenge is that there is probably a lot more diabetes in Butte-Silver Bow than has been diagnosed. So there are most likely many cases that go undetected or undiagnosed. And for those where it has been diagnosed, **breaking bad habits** is easier said than done -- specifically on nutrition. It seems that people with diabetes (and other illnesses) are more reliant upon medications to improve their issue rather than to take control and adopt a lifestyle change. **Educating** those with diabetes and 'scaring them straight' may work initially, but you need those with diabetes to WANT to change. [Social Services Representative]

A major challenge for the community is to identify **pre-diabetic children**, provide programs and support for activities and nutrition to prevent them from getting diabetes.

Disease **education**. [Physician]

For those with diabetes, the biggest challenge is to: **educate** the patient about managing their chronic disease, provide reminders and support for regular checkups. [Community Leader]

Access and **education** on healthy nutrition and exercise. [Physician]

Lack of **knowledge** among PCP's including mid-levels. Lack of endocrinologist to push modern **protocols**. [Physician]

**Education and prevention** is a large challenge. [Health Provider, Non-Physician]

#### Access to Care

Noncompliance, poor lifestyle habits, and **inability to afford testing supplies/medications**.  
[Health Provider, Non-Physician]

Access to care - cost of medications. [Health Provider, Non-Physician]

Lack of preventive care, poor oral hygiene and dental care. [Health Provider, Non-Physician]

The challenge is people going to the doctor and getting **diagnosed**. [Health Provider, Non-Physician]

**Affordable and accessible** treatment. [Community Leader]

**Access** to a specialist. Following through with recommended plans and follow-up. [Physician]

**Lack of coverage** for advanced therapies such as insulin pumps. [Physician]

Adequate control of A1C with medication. [Physician]

Access to a **pediatric endocrinologist**. This has been helped recently with St. Vincent's addition of Dr. Sharon Zemel. [Physician]

# Kidney Disease

Chronic kidney disease and end-stage renal disease are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are responsible for premature death and exact a high economic price from both the private and public sectors. Nearly 25% of the Medicare budget is used to treat people with chronic kidney disease and end-stage renal disease.

Genetic determinants have a large influence on the development and progression of chronic kidney disease. It is not possible to alter a person's biology and genetic determinants; however, environmental influences and individual behaviors also have a significant influence on the development and progression of chronic kidney disease. As a result, some populations are disproportionately affected. Successful behavior modification is expected to have a positive influence on the disease.

Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the national Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes in persons at risk.

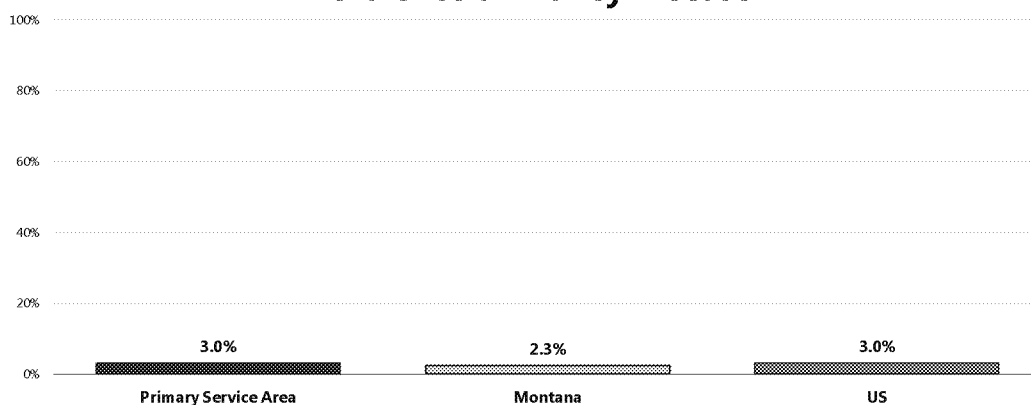
— Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## Prevalence of Kidney Disease

**A total of 3.0% of Primary Service Area adults report having been diagnosed with kidney disease.**

- Similar to the statewide proportion.
- ◆ Similar to the national proportion.

### Prevalence of Kidney Disease




Sources: 

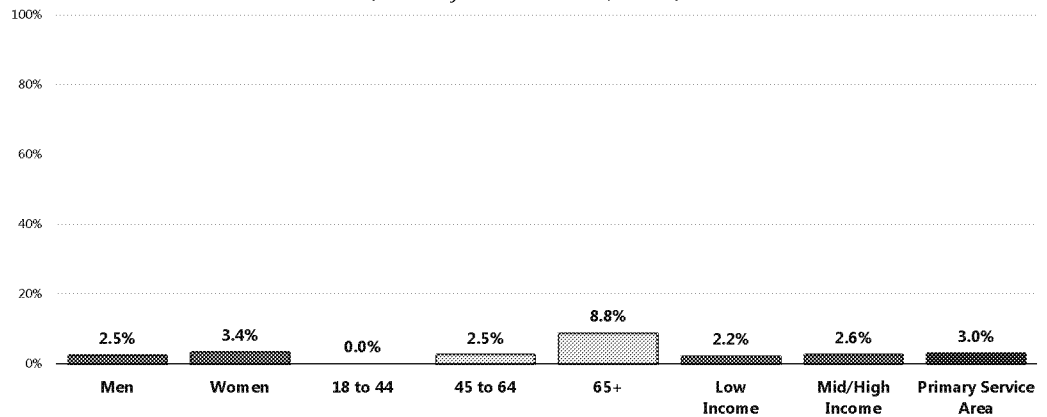
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Montana data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: 

- Asked of all respondents.

 Note the positive correlation between age and kidney disease in the Primary Service Area.

### Prevalence of Kidney Disease (Primary Service Area, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]

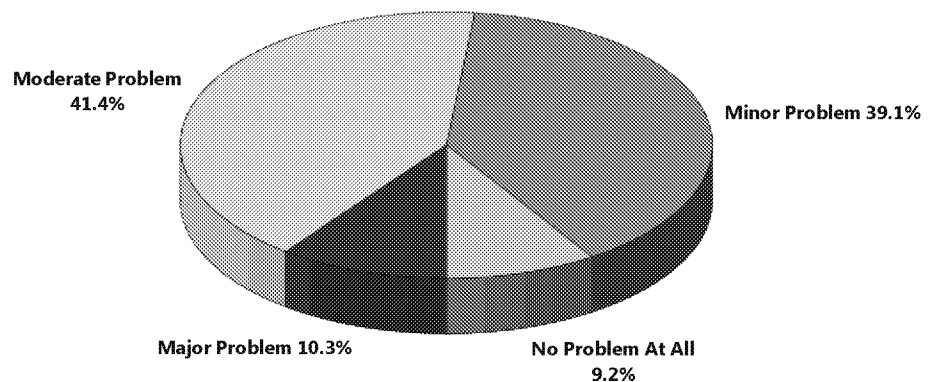
Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

### Key Informant Input: Kidney Disease

Just over half of the key informants taking part in an online survey characterized *Kidney Disease* as a "major" (10.3%) or "moderate" (41.4%) problem in the community.

### Perceptions of Kidney Disease as a Problem in the Community (Key Informants, 2014)



Sources: • 2014 PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.



## Top Concerns

Among those characterizing this as a “major problem,” reasons frequently related to the following:

### Lack of Specialists

*There are **no nephrologists** in the community. [Director, BSB Public Health Department]*

*No **nephrologist** here on a regular basis. [Social Services Representative]*

*Lots of elderly, diabetes. **No local nephrologist.** [Health Provider, Non-Physician]*

***Lack of a nephrologist** in town. [Physician]*

***No nephrologist.** [Physician]*

***No nephrologist** in town. These services are being supplied from Missoula. [Physician]*

*There is **no nephrologist** on staff at the local hospital and a visiting nephrologist comes from Bozeman periodically to see outpatients. [Physician]*

### Lack of Dialysis

*I see many people who are on dialysis who are **unable to get to dialysis**. Also, I see those who have significant kidney issues, yet continue to make decisions that worsen their condition. [Social Services Representative]*

*Not an adequate **number of dialysis chairs**. [Health Provider, Non-Physician]*

*Lack of **inpatient dialysis** in the hospital. Most dialysis in town is hemo-dialysis; peritoneal dialysis is almost nonexistent. [Physician]*

***Travel for dialysis.***

### Other Comments

***Diabetes.** Poor control leading to kidney disease. [Physician]*

# Potentially Disabling Conditions

There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than \$128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones). In the United States, an estimated 5.3 million people age 50 years and older have osteoporosis. Most of these people are women, but about 0.8 million are men. Just over 34 million more people, including 12 million men, have low bone mass, which puts them at increased risk for developing osteoporosis. Half of all women and as many as 1 in 4 men age 50 years and older will have an osteoporosis-related fracture in their lifetime.

Chronic back pain is common, costly, and potentially disabling. About 80% of Americans experience low back pain in their lifetime. It is estimated that each year:

- 15%-20% of the population develop protracted back pain.
- 2-8% have chronic back pain (pain that lasts more than 3 months).
- 3-4% of the population is temporarily disabled due to back pain.
- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

Americans spend at least \$50 billion each year on low back pain. Low back pain is the:

- 2<sup>nd</sup> leading cause of lost work time (after the common cold).
- 3<sup>rd</sup> most common reason to undergo a surgical procedure.
- 5<sup>th</sup> most frequent cause of hospitalization.

Arthritis, osteoporosis, and chronic back conditions all have major effects on quality of life, the ability to work, and basic activities of daily living.

— Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## Arthritis, Osteoporosis, & Chronic Pain

### Prevalence of Arthritis/Rheumatism

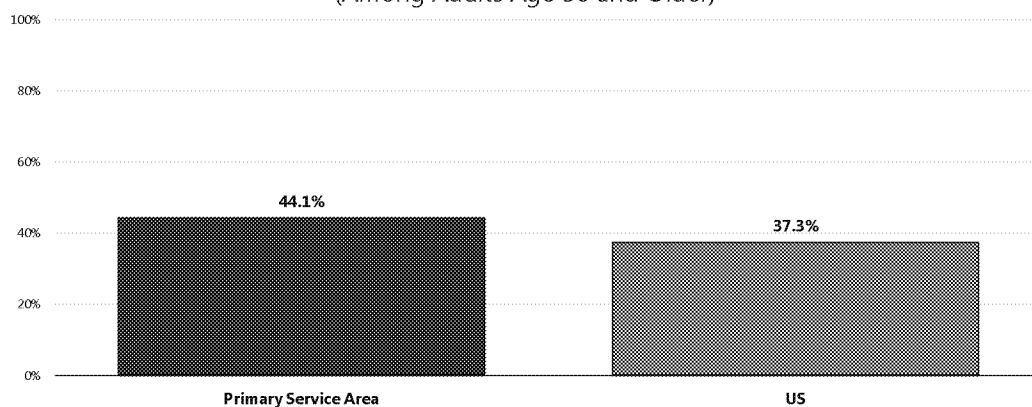
Over 4 in 10 Primary Service Area adults age 50 and older (44.1%) report suffering from arthritis or rheumatism.

- Less favorable than that found nationwide.

RELATED ISSUE:  
See also *Activity Limitations* in  
the **General Health Status**  
section of this report.

## Prevalence of Arthritis/Rheumatism

(Among Adults Age 50 and Older)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 139]  
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Reflects respondents age 50 and older.

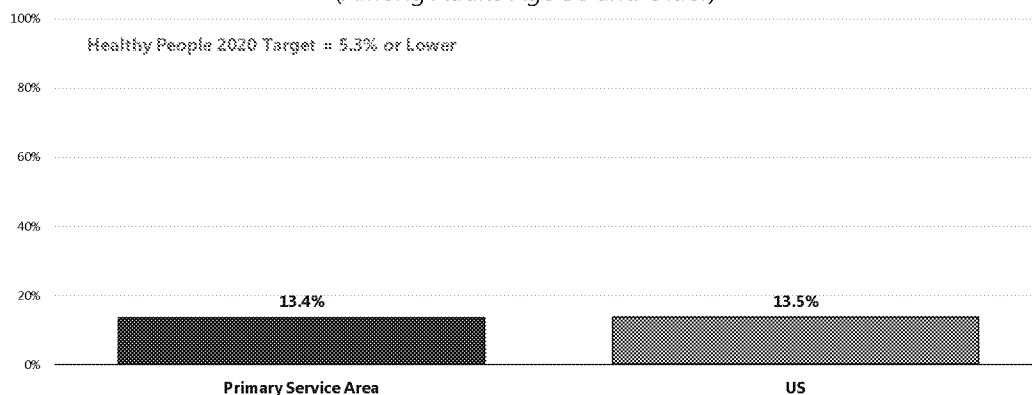
## Prevalence of Osteoporosis

A total of 13.4% of survey respondents age 50 and older have osteoporosis.

- Almost identical to that found nationwide.
- More than twice the Healthy People 2020 target of 5.3% or lower.

## Prevalence of Osteoporosis

(Among Adults Age 50 and Older)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 140]  
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

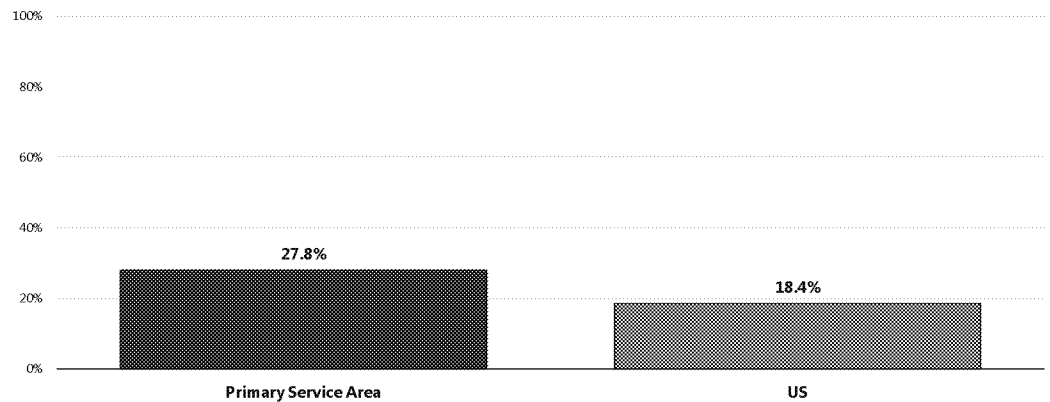
Notes: • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AOCBC-10]  
• Reflects respondents age 50 and older.

## Prevalence of Sciatica/Chronic Back Pain

A total of 27.8% of survey respondents suffer from chronic back pain or sciatica.

- ◆ Less favorable than that found nationwide.

### Prevalence of Sciatica/Chronic Back Pain



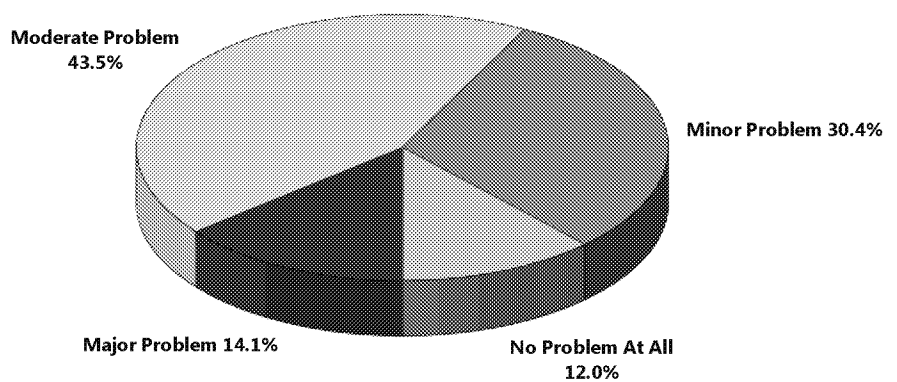
Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 29]  
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.

## Key Informant Input: Arthritis, Osteoporosis & Chronic Back Pain

Nearly 60% of key informants taking part in an online survey characterized *Arthritis, Osteoporosis & Chronic Back Pain* as a “major” (14.1%) or “moderate” (43.5%) problem in the community.

### Perceptions of Arthritis, Osteoporosis & Chronic Back Conditions as a Problem in the Community

(Key Informants, 2014)



Sources: • 2014 PRC Online Key Informant Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.

Among those characterizing this as a "major problem," reasons frequently related to the following:

#### Top Concerns

##### Older Population

**Aging population.** People with disabilities are living longer than expected and physician or programs are not sure how to work it. [Social Services Representative]

A lot of our clients are **elderly** and they struggle to just walk in and get food. Many times it is very difficult to stand in line for their food. In speaking with them it seems that they are dealing with arthritis issues. [Social Services Representative]

More and more people come to the hospital daily to receive relief for these pains. Many who come to the hospital are suffering from these problems especially **older people**. [Community Leader]

Part of the problem is the high number of **older individuals** in Butte-Silver Bow. The lack of jobs and economic vitality forces young people and recent college graduates to seek jobs elsewhere. The older demographics accounts for some of the arthritis. [Community Leader]

The demographics of our population are that of **older , retired physical labor workers**. Our culture is that of being "tough". [Health Provider, Non-Physician]

##### Occupational Health

There are lots of **occupational positions requiring manual labor**, I believe due to our longer winters, there is an increase in depression and overall body fatigue, and even though in our direct area we have more sunlight than some areas, there is lack of vitamin D and calcium absorption during the winter months. [Health Provider, Non-Physician]

We live in a **mining community**. [Health Provider, Non-Physician]

**Many jobs in Butte involve heavy lifting** and this accounts for some of the back problems. Butte is not a particularly fitness conscious community. Obesity, generally poor fitness and the older population all contribute to arthritis and back problems. As a northern city there is also a problem with very low vitamin D levels which contributes to osteoporosis. [Community Leader]

##### Lack of Specialists

Several family members have arthritis issues and **no rheumatologist** here in Butte we go to Missoula. [Social Services Representative]

We **do not have any pain specialist** to deal with the long term chronic pain of these patients. Many are unable to travel out of town to seek this specialty care. [Physician]

##### Other Comments

See quite a few of them in the ER for workup of chronic pain problems/having difficulty getting in to pain management or orthopedics for back problems due to **insurance**. [Physician]

**Lack of education** of disease and pathology associated with degenerative joint changes. [Physician]

## Vision & Hearing Impairment

Vision is an essential part of everyday life, influencing how Americans of all ages learn, communicate, work, play, and interact with the world. Yet millions of Americans live with visual impairment, and many more remain at risk for eye disease and preventable eye injury.

The eyes are an important, but often overlooked, part of overall health. Despite the preventable nature of some vision impairments, many people do not receive recommended screenings and exams. A visit to an eye care professional for a comprehensive dilated eye exam can help to detect common vision problems and eye diseases, including diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration.

These common vision problems often have no early warning signs. If a problem is detected, an eye care professional can prescribe corrective eyewear, medicine, or surgery to minimize vision loss and help a person see his or her best.

Healthy vision can help to ensure a healthy and active lifestyle well into a person's later years. Educating and engaging families, communities, and the nation is critical to ensuring that people have the information, resources, and tools needed for good eye health.

— Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

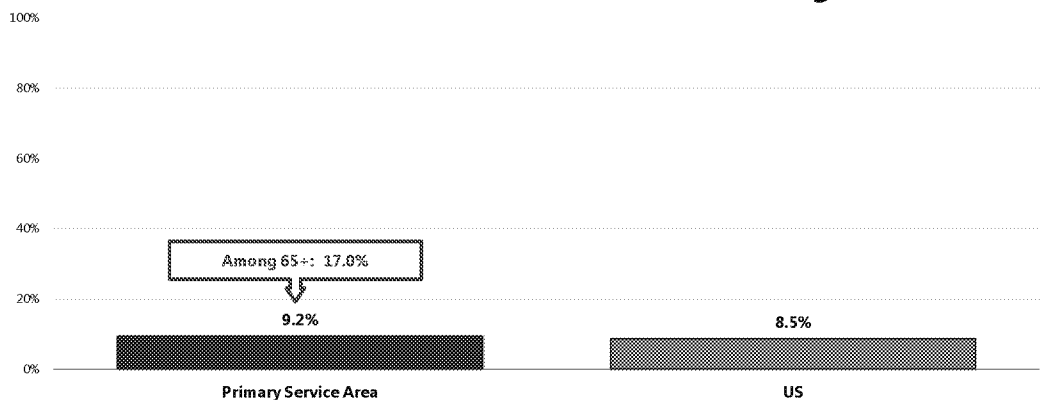
### Vision Trouble

**A total of 9.2% of Primary Service Area adults are blind, or have trouble seeing even when wearing corrective lenses.**

- Comparable to that found nationwide.
- Among Primary Service Area adults age 65 and older, 17.0% have vision trouble.

RELATED ISSUE:  
See also *Vision Care* in  
the **Access to Health  
Services** section of this  
report.

### Prevalence of Blindness/Trouble Seeing



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 26]  
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.

## Hearing Trouble

An impaired ability to communicate with others or maintain good balance can lead many people to feel socially isolated, have unmet health needs, have limited success in school or on the job. Communication and other sensory processes contribute to our overall health and well-being. Protecting these processes is critical, particularly for people whose age, race, ethnicity, gender, occupation, genetic background, or health status places them at increased risk.

Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such as social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition, biological causes of hearing loss and other sensory or communication disorders include: genetics; viral or bacterial infections; sensitivity to certain drugs or medications; injury; and aging.

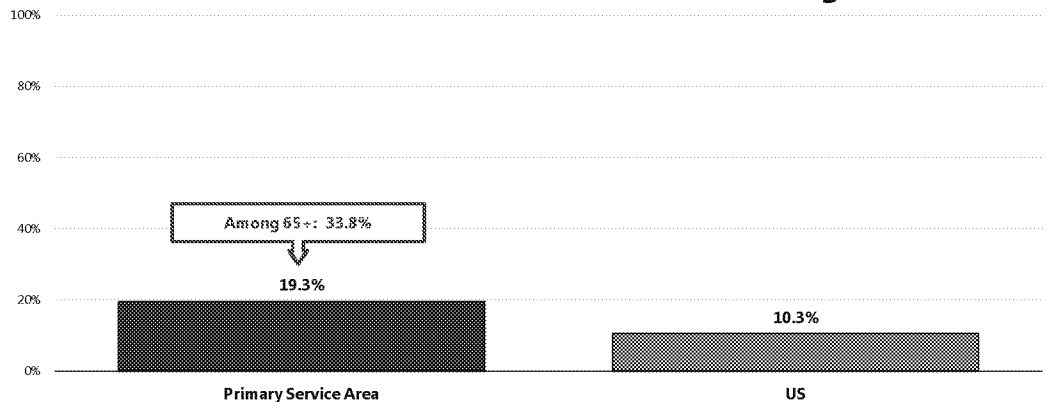
As the nation's population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

— Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

**In all, 19.3% of Primary Service Area adults report being deaf or having difficulty hearing.**

- ◆ Less favorable than that found nationwide.
- 👴 Among Primary Service Area adults age 65 and older, one-third (33.8%) has partial or complete hearing loss.

### Prevalence of Deafness/Trouble Hearing



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 27]  
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

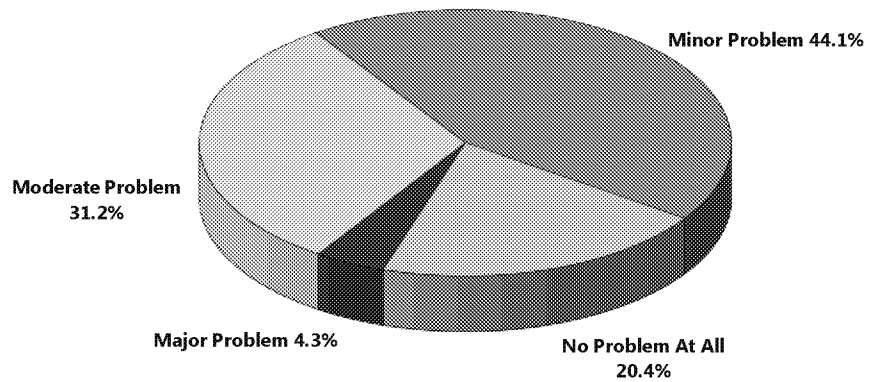
Notes: • Asked of all respondents.

## Key Informant Input: Hearing & Vision

More than one-third of the key informants taking part in an online survey characterized *Hearing and Vision Problems* as a “major” (4.3%) or “moderate” (31.2%) problem in the community.

### Perceptions of Hearing and Vision Problems as a Problem in the Community

(Key Informants, 2014)



Sources: • 2014 PRC Online Key Informant Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.

## Top Concerns

Among those characterizing this as a “major problem,” reasons included the following:

*Many of my clients **cannot hear** when I speak with them. It is sometimes hard to determine whether they can't hear or whether they have **dementia** or both. It is difficult for physicians to be effective if they cannot communicate with their clients. Few **insurance** companies pay for hearing aids. [Social Services Representative]*

*People often **isolate** themselves if they cannot hear and/or see. Their safety threshold is lowered as they communicate less. **Socialization suffers**. [Social Services Representative]*

***Limited resources** or ability to pay. [Health Provider, Non-Physician]*



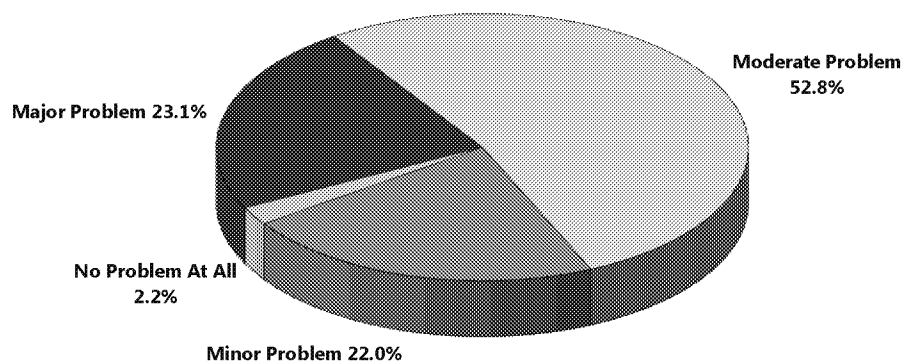
# Dementias, Including Alzheimer's Disease

## Key Informant Input: Dementias/Alzheimer's Disease

Over 3 in 4 key informants taking part in an online survey characterized *Dementias/Alzheimer's disease* as a "major" (23.1%) or "moderate" (52.8%) problem in the community.

### Perceptions of Dementias/Alzheimer's Disease as a Problem in the Community

(Key Informants, 2014)



Sources: • 2014 PRC Online Key Informant Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.

## Top Concerns

Among those characterizing this as a "major problem," reasons frequently related to the following:

### Lack of Resources

*1/3 of BSB is projected to be 65 years of age or older by 2025. The Alzheimer's association states:*  
- One in 3 seniors will die with Alzheimer's disease or another dementia.  
- One in 8 people over age 65 in the United States has Alzheimer's disease, and nearly 50% over age 85.

*- Advanced dementia is among the cruelest, longest, and most burdensome of diseases. BSB **does not have the tools** to begin to address this problem. Added to this is the complete inability of our community AND the State of Montana to address **co-diagnoses of dementia** with mental illness, serious physical illness, physical disabilities, developmental disabilities and criminal behaviors. We do not have **resources** to help this very vulnerable population to be safe, to make important decisions or to manage money responsibly. We currently have one nonprofit (sometimes two) who assists with being a guardian. This is not enough. [Social Services Representative]*

*Although we've come a long way in providing support groups, there **isn't enough help** to deal with the behaviors that nursing homes and assisted livings have in dealing with Alzheimer's. It's very hard to find **placement** for advanced Alzheimer's patients with behavior issues. [Social Services Representative]*

***Resources not available** for both patient and family. [Community Leader]*

These diseases are a threat nationally, and I **do not believe Butte-Silver Bow is equipped to deal** with what is happening currently or what will be happening in the future, in terms of prevention, treatment or housing of patients. [Director, BSB Public Health Department]

**Lack of neurologists.** [Physician]

We have **no practitioner devoted to geriatrics.** [Physician]

Very **few programs available** and an aging population. [Health Provider, Non-Physician]

**Resources and expertise** in this area are not available. [Social Services Representative]

There seems to be a **lack of care facilities** in the community. [Community Leader]

More need for **family support** for family members caring for their family/friends diagnosed with Alzheimer's. Or if they do exist in Butte, more community awareness is needed. [Social Services Representative]

#### Aging Population

This area has a **high number** of people in the old age category. [Health Provider, Non-Physician]

The fact that our **population is aging** and we have a higher than average percentage of individuals who are over 65 years old. [Health Provider, Non-Physician]

Butte has an **aging population.** Many of those aged have dementia, and as the population ages, more are likely to develop dementia. With dementia comes troubling behaviors that families and facilities are not always able to handle. Caring for someone with dementia requires a knowledge base in dementia and its many types. [Social Services Representative]

Butte-Silver Bow has a **large population of elderly** people. [Health Provider, Non-Physician]

**Lots of elderly.** Still much is unknown about the cause, treatment. [Health Provider, Non-Physician]

Butte has an **older age base** and dementia and Alzheimer's disease is a major concern for that group, with very little on the horizon for treatment. [Community Leader]

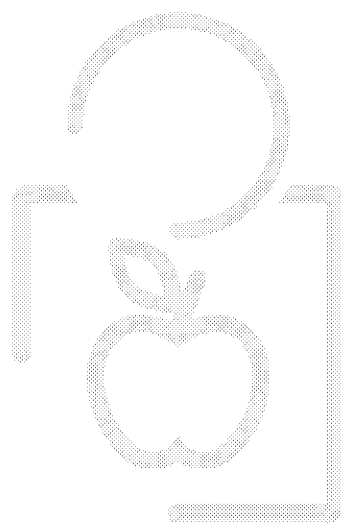
#### General Concerns

People within the community often convince themselves that their loved ones are just "forgetful." They need to know life can still be lived and **there is help.** [Health Provider, Non-Physician]

It is **overlooked.** [Physician]

Many geriatric patients suffer from this, and many are in **family systems without much support.** I have seen many cases requiring Adult Protective Services involvement due to a vulnerable elder with dementia struggling in the community. [Physician]

# INFANT & CHILD HEALTH



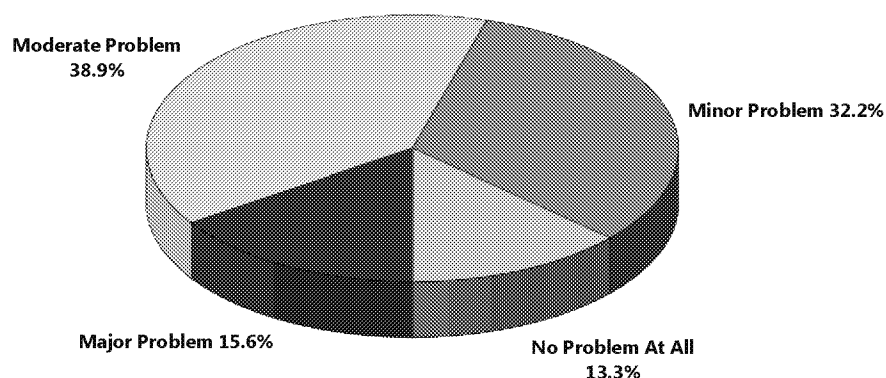
# Family Planning

## Key Informant Input: Family Planning

More than half of the key informants taking part in an online survey characterized *Family Planning* as a “major” (15.6%) or “moderate” (38.9%) problem in the community.

### Perceptions of Family Planning as a Problem in the Community

(Key Informants, 2014)



Sources: • 2014 PRC Online Key Informant Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.

## Top Concerns

Among those characterizing this as a “major problem,” reasons frequently related to the following:

### Teen Pregnancy

**Teen pregnancy** is a huge problem. [Physician]

Being a dental office that accepts Medicaid we see a lot of pregnant mothers that are **very young** and do not seem to have the **support necessary** for raising a child. [Health Provider, Non-Physician]

**Teenage pregnancy** and families with limited resources having children they have difficulty caring for. [Physician]

Children born to **teen, unmarried mothers** reduce their chance of success and increases poverty. [Health Provider, Non-Physician]

Butte has a higher percentage of **teenage pregnancies** than other counties in Montana. Access to **alcohol**, lack of access to **birth control**, lack of coherent **information** related to sexuality and denial on the part of parents all contribute to this problem. Kids as young as 9 and 10 engage in sexual activity and sexually transmitted diseases are on the rise as well. Many kids believe they cannot get pregnant the first time they engage in intercourse. Others use oral sex to prevent pregnancies, but end up with **sexually transmitted diseases** in their throats. [Community Leader]

## Inadequate Resources/Access

There are **not enough resources** here in the community. Youth are having children at a **much younger age** and because of it are not graduating high school. Younger youth are also wanting to have kids more such as in middle school and early high school. [Social Services Representative]

Lack of access to **affordable contraception** has lead to numerous unplanned pregnancies. Our teen pregnancy rate is higher than the national average. there is little to no funding for healthy women ages 19 and up to help them with contraception and family planning costs. [Physician]

Lack of family planning **clinics**. [Physician]

**Support** from community primary physicians and providers. [Physician]

I see a number of unwanted babies born into terrible social situations. I see this as an issue of **access** to the full array of family planning **resources**. [Physician]

## Education and Prevention

There is a lack of **education**. [Health Provider, Non-Physician]

I'm not clear that **sex education** is appropriate or effective when it happens in the local schools. [Physician]

Poor access to **information on resources**. [Physician]

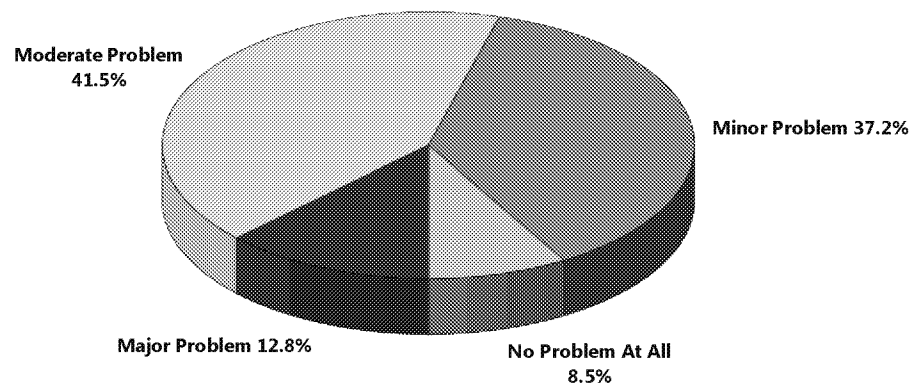
Too many young people become pregnant without the **education** of what it will mean to their life. Too many kids in families that have different fathers. Drug addiction is a huge problem and results in babies that are addicted. I don't know what the abortion rate is in Butte-Silver Bow -- but I would guess it also is high. [Social Services Representative]

## Key Informant Input: Infant & Child Health

More than half of the key informants taking part in an online survey characterized *Infant and Child Health* as a "major" (12.8%) or "moderate" (41.5%) problem in the community.

### Perceptions of Infant/Child Health as a Problem in the Community

(Key Informants, 2014)



Sources: • 2014 PRC Online Key Informant Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.

## Top Concerns

Among those characterizing this as a “major problem,” reasons frequently related to the following:

### Lack of Providers

*It seems we need more **specialists** in this area or at least have doctors that are willing to refer to out of town specialists. [Social Services Representative]*

***Not enough pediatricians** in the Butte area. And very few specialize in anything. [Social Services Representative]*

***Loss of pediatricians.** [Physician]*

### Parenting Education

***Parenting education** is not covered by any insurance which limits availability to many populations. If the family is not involved with child protective services or drug court the education is not available. Funding sources are needed for parenting. [Social Services Representative]*

*There are numerous first time young/adolescents in this community who have **no parenting experiences/ skills** to rely on as parents. Their knowledge of infant/child nutrition is very poor. [Physician]*

### Other

*Many agencies offer bits and pieces of infant/child healthcare, but there are **no comprehensive (one-stop-shop)** to access infant/child health and mental health and PARENTING needs. Infant/early child care and parenting education need to be delivered community-wide. [Social Services Representative]*

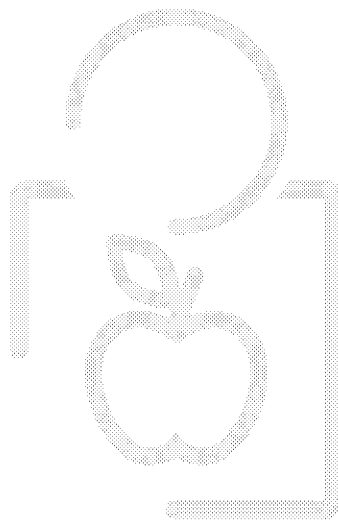
*The high rate of **social ills** leads to terrible outcomes for at-risk children. The first two years are so critical, yet unintended pregnancies born to mothers without supportive fathers with a lot of substance abuse issues leads to children who have a host of behavioral difficulties. At my practice there is a large minority of children who start life with these problems. [Physician]*

*Many kids aren't brought in for **routine care**, despite it being free (Medicaid). [Health Provider, Non-Physician]*

*This goes back to the family planning and lack of healthcare options. There seems to be a lot of young **children of poverty**. Lack of available and affordable healthcare makes for children getting a bad start in life. Also, I think there are probably parents that are more concerned with themselves than with their children. [Social Services Representative]*

*We have way too many children that are **above the poverty line** in our community and they are not being taken care of by their families like they should. [Health Provider, Non-Physician]*

# INFECTIOUS DISEASE



# Influenza & Pneumonia Vaccination

Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the nation, accounting for 56,000 deaths annually. Pneumonia mortality in children fell by 97% in the last century, but respiratory infectious diseases continue to be leading causes of pediatric hospitalization and outpatient visits in the US. On average, influenza leads to more than 200,000 hospitalizations and 36,000 deaths each year. The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths (1,270 of which were of people younger than age 18) between April 2009 and March 2010.

— Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

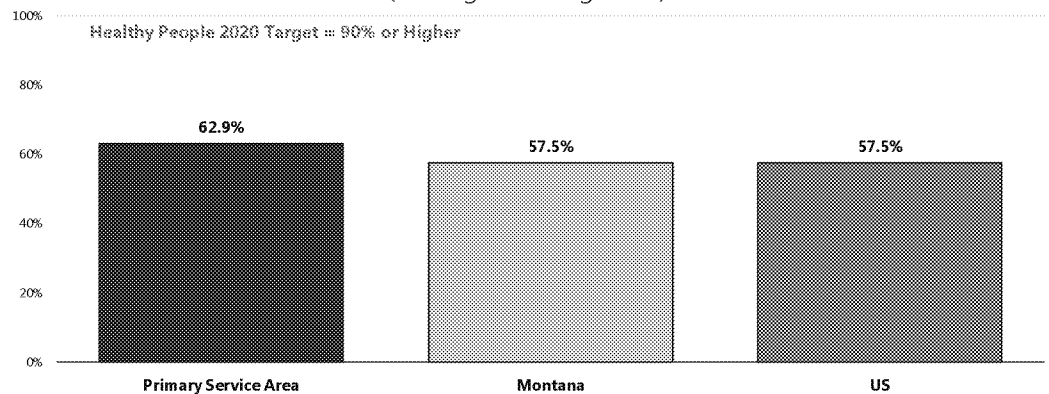
## Flu Vaccinations

**Among Primary Service Area seniors, 62.9% received a flu shot (or FluMist®) within the past year.**

- Statistically comparable to the Montana finding.
- Statistically comparable to the national finding.
- Fails to satisfy the Healthy People 2020 target (90% or higher).

FluMist® is a vaccine that is sprayed into the nose to help protect against influenza; it is an alternative to traditional flu shots.

### Older Adults: Have Had a Flu Vaccination in the Past Year (Among Adults Age 65+)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 141]  
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2012 Montana data.  
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-12.7]

Notes: • Reflects respondents 65 and older.  
• Includes FluMist as a form of vaccination.

## High-Risk Adults

"High-risk" includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

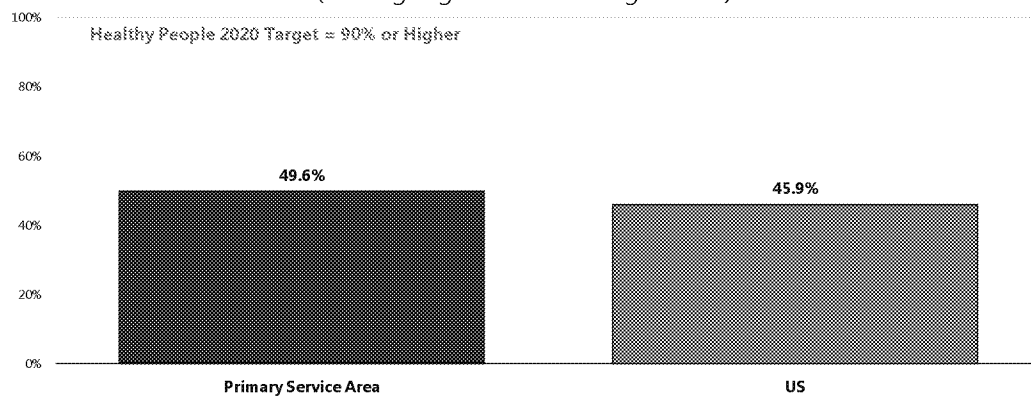
**One-half of high-risk adults age 18 to 64 (49.6%) received a flu vaccination (flu shot or FluMist®) within the past year.**

- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target (90% or higher).



## High-Risk Adults: Have Had a Flu Vaccination in the Past Year

(Among High-Risk Adults Age 18-64)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 142]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-12.6]  
 Notes: • Reflects high-risk respondents age 18-64.  
 • "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.  
 • Includes FluMist as a form of vaccination.

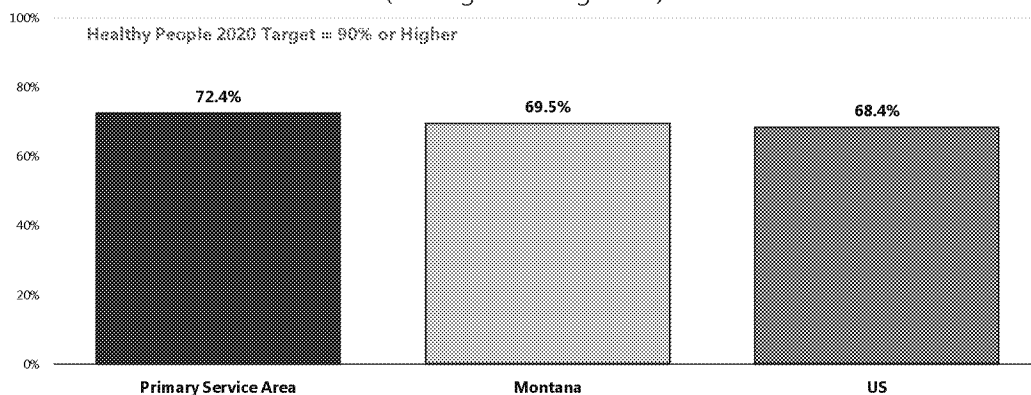
## Pneumonia Vaccination

Among adults age 65 and older, 72.4% have received a pneumonia vaccination at some point in their lives.

- Statistically similar to the Montana finding.
- Statistically similar to the national finding.
- Fails to satisfy the Healthy People 2020 target of 90% or higher.

## Older Adults: Have Ever Had a Pneumonia Vaccine

(Among Adults Age 65+)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 143]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services; Centers for Disease Control and Prevention (CDC). 2012 Montana data.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-13.1]  
 Notes: • Reflects respondents 65 and older.

## High-Risk Adults

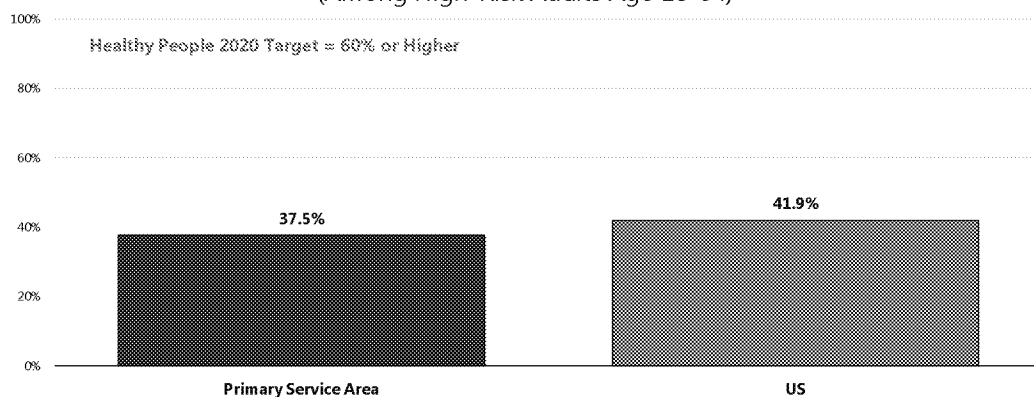
"High-risk" includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

**A total of 37.5% of high-risk adults age 18 to 64 have ever received a pneumonia vaccination.**

- ◆ Comparable to national findings.
- Fails to satisfy the Healthy People 2020 target (60% or higher).

### High-Risk Adults: Have Ever Had a Pneumonia Vaccine

(Among High-Risk Adults Age 18-64)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 144]  
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-13.2]

Notes: • Asked of all high-risk respondents under 65.  
• "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.

# HIV

The HIV epidemic in the United States continues to be a major public health crisis. An estimated 1.1 million Americans are living with HIV, and 1 in 5 people with HIV do not know they have it. HIV continues to spread, leading to about 56,000 new HIV infections each year.

HIV is a preventable disease, and effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50% of new HIV infections occur as a result of the 21% of people who have HIV but do not know it.

In the era of increasingly effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and healthcare programs.

There are gender, race, and ethnicity disparities in new HIV infections:

- Nearly 75% of new HIV infections occur in men.
- More than half occur in gay and bisexual men, regardless of race or ethnicity.
- 45% of new HIV infections occur in African Americans, 35% in whites, and 17% in Hispanics.

Improving access to quality healthcare for populations disproportionately affected by HIV, such as persons of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention. People getting care for HIV can receive:

- Antiretroviral therapy
- Screening and treatment for other diseases (such as sexually transmitted infections)
- HIV prevention interventions
- Mental health services
- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important. Prevention work with people living with HIV focuses on:

- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

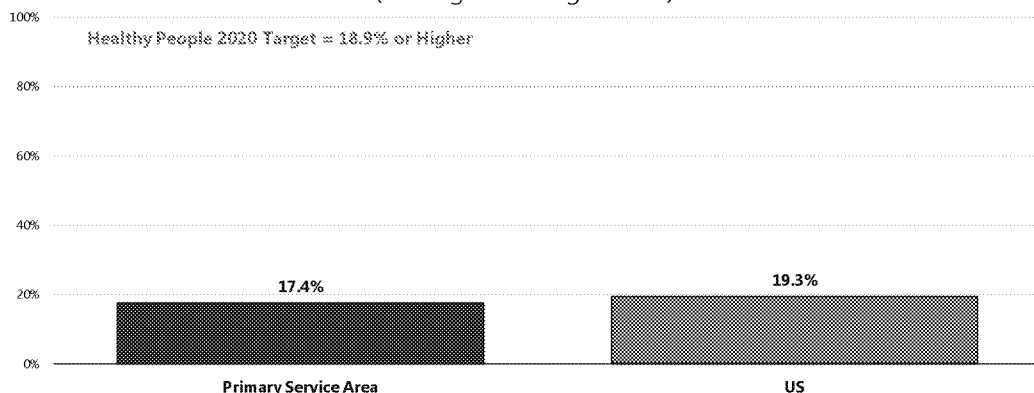
— Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## HIV Testing

Among Primary Service Area adults age 18-44, 17.4% report that they have been tested for human immunodeficiency virus (HIV) in the past year.

- ◆ Statistically comparable to the proportion found nationwide.
- ◆ Similar to the Healthy People 2020 target of 18.9% or higher.

### Tested for HIV in the Past Year (Among Adults Age 18-44)

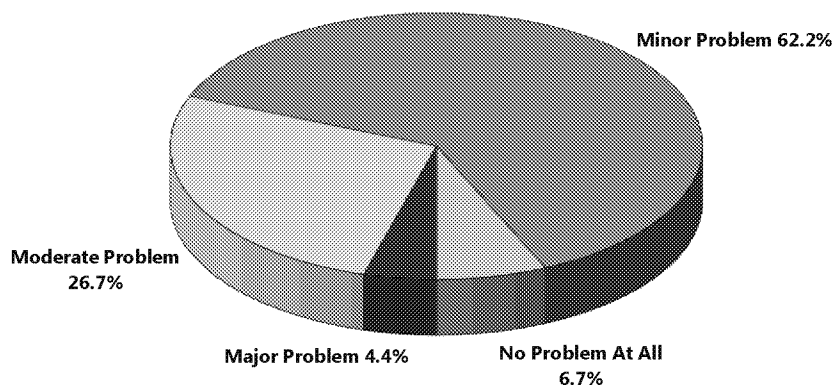


Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 145]  
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HIV-14.1]  
Notes: • Reflects respondents age 18 to 44.  
• Note that the Healthy People 2020 objective is for ages 15-44.

## Key Informant Input: HIV/AIDS

More than 3 in 10 key informants taking part in an online survey characterized *HIV/AIDS* as a “major” (4.4%) or “moderate” (26.7%) problem in the community.

### Perceptions of HIV/AIDS as a Problem in the Community (Key Informants, 2014)



Sources: • 2014 PRC Online Key Informant Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.

## Top Concerns

Among those characterizing this as a “major problem,” reasons related to the following:

*In the last 27 years, BSB was in the **top 7 counties** in Montana for HIV diagnosis (<http://www.dphhs.mt.gov/publichealth/hivstd/documents/2012HIV-STDupdate.pdf>). We were in the **top 6** for individuals living with HIV. [Health Provider, Non-Physician]*

*Services are not widely known **where to access care**, what is available to individuals diagnosed with HIV/AIDS. [Social Services Representative]*

*Community **education** and **awareness** is needed. [Social Services Representative]*

# Sexually Transmitted Diseases

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

The Centers for Disease Control and Prevention (CDC) estimates that there are approximately 19 million new STD infections each year—almost half of them among young people ages 15 to 24. Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. CDC estimates that undiagnosed and untreated STDs cause at least 24,000 women in the United States each year to become infertile. Several factors contribute to the spread of STDs.

**Biological Factors.** STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- **Asymptomatic nature of STDs.** The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.
- **Gender disparities.** Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.
- **Age disparities.** Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.
- **Lag time between infection and complications.** Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

**Social, Economic and Behavioral Factors.** The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors. Social, economic, and behavioral factors that affect the spread of STDs include:

- **Racial and ethnic disparities.** Certain racial and ethnic groups (mainly African American, Hispanic, and American Indian/Alaska Native populations) have high rates of STDs, compared with rates for whites.
- **Poverty and marginalization.** STDs disproportionately affect disenfranchised people and people in social networks where high-risk sexual behavior is common, and access to care or health-seeking behavior is compromised.
- **Access to health care.** Access to high-quality health care is essential for early detection, treatment, and behavior-change counseling for STDs. Groups with the highest rates of STDs are often the same groups for whom access to or use of health services is most limited.
- **Substance abuse.** Many studies document the association of substance abuse with STDs. The introduction of new illicit substances into communities often can alter sexual behavior drastically in high-risk sexual networks, leading to the epidemic spread of STDs.
- **Sexuality and secrecy.** Perhaps the most important social factors contributing to the spread of STDs in the United States are the stigma associated with STDs and the general discomfort of discussing intimate aspects of life, especially those related to sex. These social factors separate the United States from industrialized countries with low rates of STDs.
- **Sexual networks.** Sexual networks refer to groups of people who can be considered “linked” by sequential or concurrent sexual partners. A person may have only 1 sex partner, but if that partner is a member of a risky sexual network, that person is at higher risk for STDs than an individual from a nonrisky network.

— Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## Acute Hepatitis B

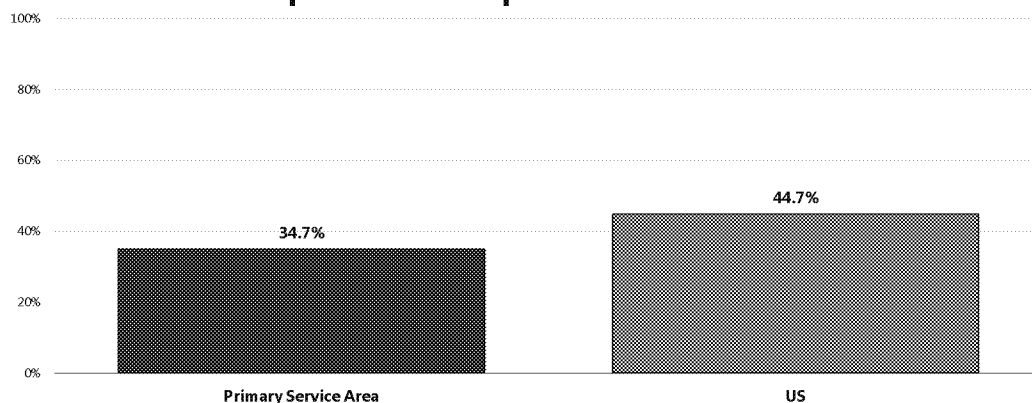
### Hepatitis B Vaccination

Respondents were told that, to be vaccinated against hepatitis B, a series of three shots must be administered, usually at least one month between shots. They were then asked if they had completed this vaccination series.

Based on survey data, just over one-third of residents (34.7%) report having received the hepatitis B vaccination series.

- Below what is reported nationwide.

#### Have Completed the Hepatitis B Vaccination Series



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 70]

• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

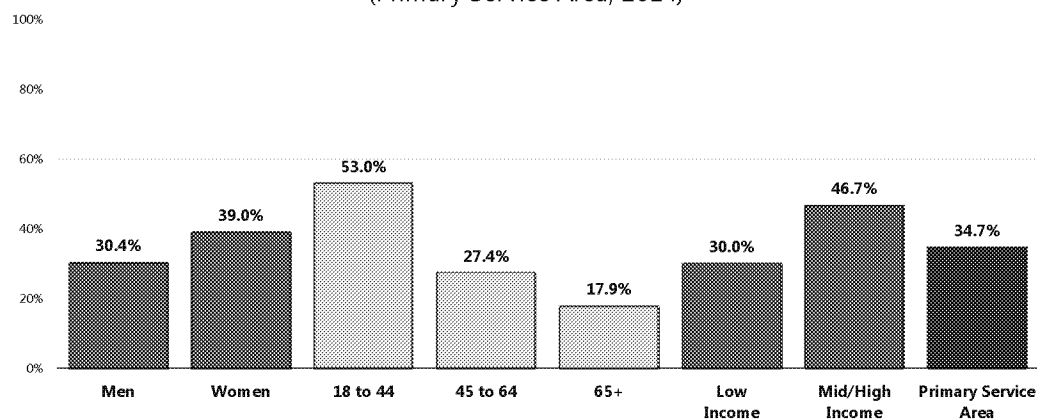
• Includes a series of three shots, usually administered at least one month between shots

🏠 Note the negative correlation between age and hepatitis B vaccination.

🏠 In addition, residents living at higher incomes are much more likely than those with lower incomes to have received the hepatitis B vaccine.

#### Have Completed the Hepatitis B Vaccination Series

(Primary Service Area, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 70]

Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

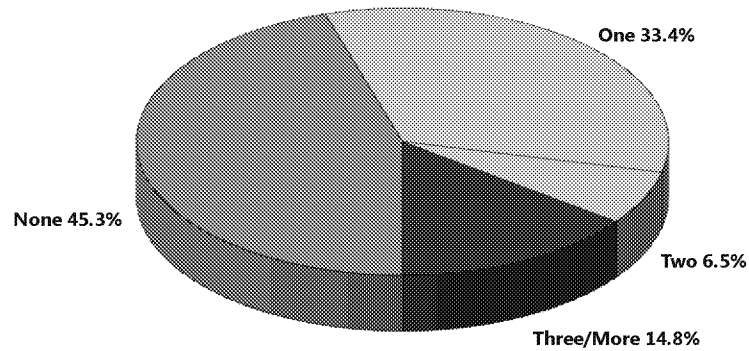
## Safe Sexual Practices

### Sexual Partners

Among unmarried Primary Service Area adults under 65, the vast majority cites having one (33.4%) or no (45.3%) sexual partners in the past 12 months.

#### Number of Sexual Partners in Past 12 Months

(Among Unmarried Adults Age 18-64; Primary Service Area, 2014)



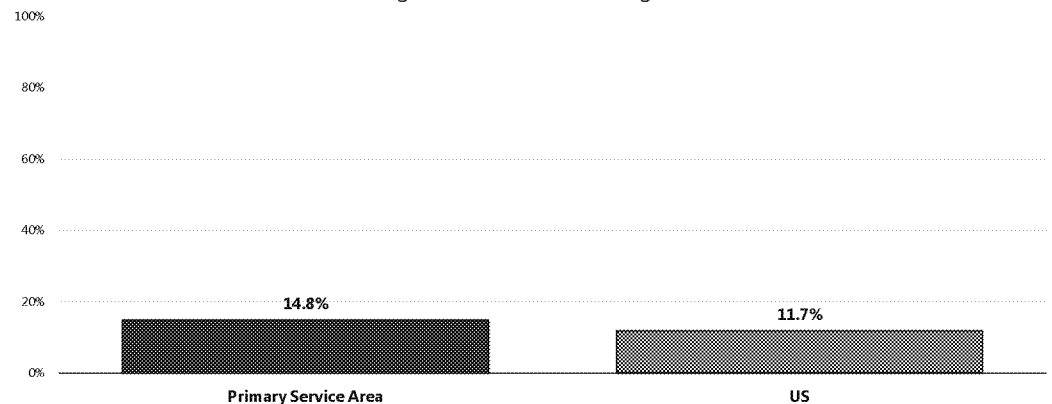
Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]  
Notes: • Asked of all unmarried respondents under the age of 65.

However, 14.8% report three or more sexual partners in the past year.

- Comparable to that reported nationally.

#### Had Three or More Sexual Partners in the Past Year

(Among Unmarried Adults Age 18-64)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]  
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all unmarried respondents under the age of 65.



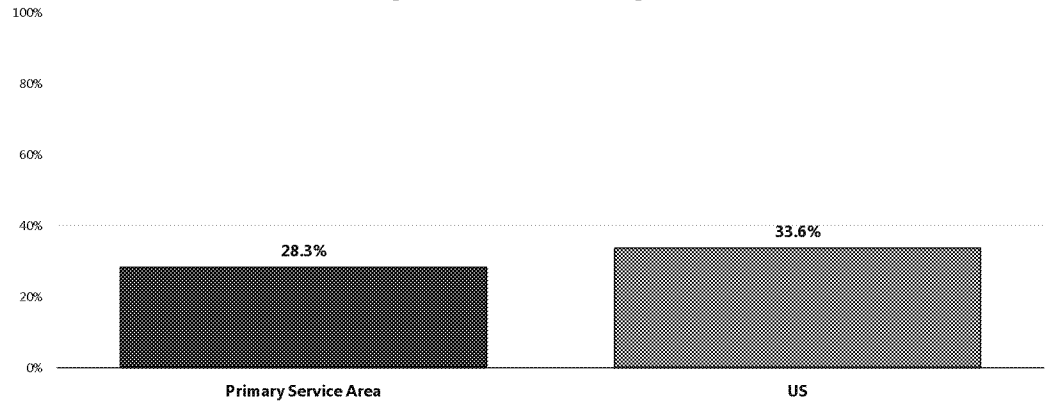
## Condom Use

Among Primary Service Area adults who are under age 65 and unmarried, 28.3% report that a condom was used during their last sexual intercourse.

- ◆ Statistically similar to national findings.

### Condom Was Used During Last Sexual Intercourse

(Among Unmarried Adults Age 18-64)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 87]  
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

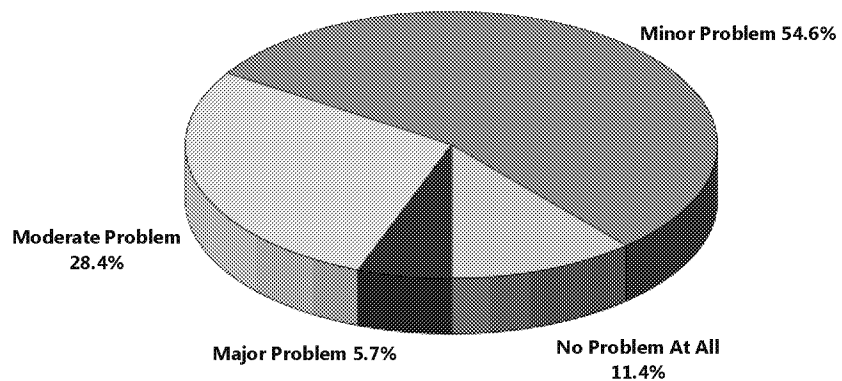
Notes: • Asked of all unmarried respondents under the age of 65.

## Key Informant Input: STDs

More than 3 in 10 key informants taking part in an online survey characterized *STDs* as a "major" (5.7%) or "moderate" (28.4%) problem in the community.

### Perceptions of STDs as a Problem in the Community

(Key Informants, 2014)



Sources: • 2014 PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

## Top Concerns

Among those characterizing this as a "major problem," reasons included:

**Education.** [Physician]

*I see a ton of **chlamydia** among our teenage population.* [Physician]

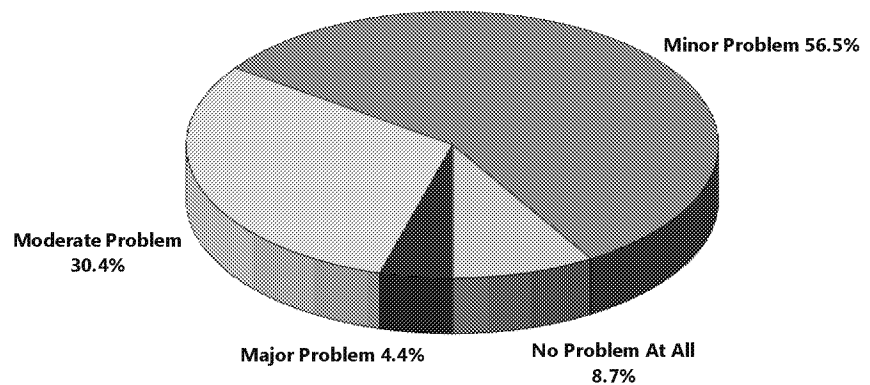
# Immunizations

## Key Informant Input: Immunization & Infectious Disease

More than one-third of the key informants taking part in an online survey characterized *Immunization and Infectious Disease* as a “major” (4.4%) or “moderate” (30.4%) problem in the community.

### Perceptions of Immunization and Infectious Disease as a Problem in the Community

(Key Informants, 2014)



Sources: • 2014 PRC Online Key Informant Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.

## Top Concerns

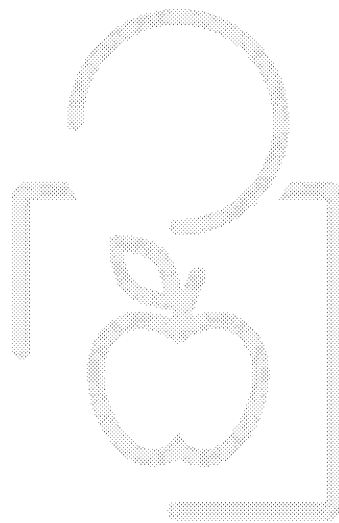
Among those characterizing this as a “major problem,” reasons related to the following:

*Montana is at the **bottom of the rankings** as far as childhood vaccinations and immunizations. Every county should consider this a major problem. [Health Provider, Non-Physician]*

*As with the rest of the state **we don't do well** as a community with childhood and adult immunizations. [Physician]*

*Offering **immunization catch-up** at school or at work would be helpful. [Physician]*

# MODIFIABLE HEALTH RISKS



# Actual Causes Of Death

A 1999 study (an update to a landmark 1993 study), estimated that as many as 40% of premature deaths in the United States are attributed to behavioral factors. This study found that behavior patterns represent the single-most prominent domain of influence over health prospects in the United States. The daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress are all important determinants of health.

The most prominent contributors to mortality in the United States in 2000 were tobacco (an estimated 435,000 deaths), diet and activity patterns (400,000), alcohol (85,000), microbial agents (75,000), toxic agents (55,000), motor vehicles (43,000), firearms (29,000), sexual behavior (20,000), and illicit use of drugs (17,000). Socioeconomic status and access to medical care are also important contributors, but difficult to quantify independent of the other factors cited. Because the studies reviewed used different approaches to derive estimates, the stated numbers should be viewed as first approximations.

These analyses show that smoking remains the leading cause of mortality. However, poor diet and physical inactivity may soon overtake tobacco as the leading cause of death. These findings, along with escalating healthcare costs and aging population, argue persuasively that the need to establish a more preventive orientation in the US healthcare and public health systems has become more urgent.

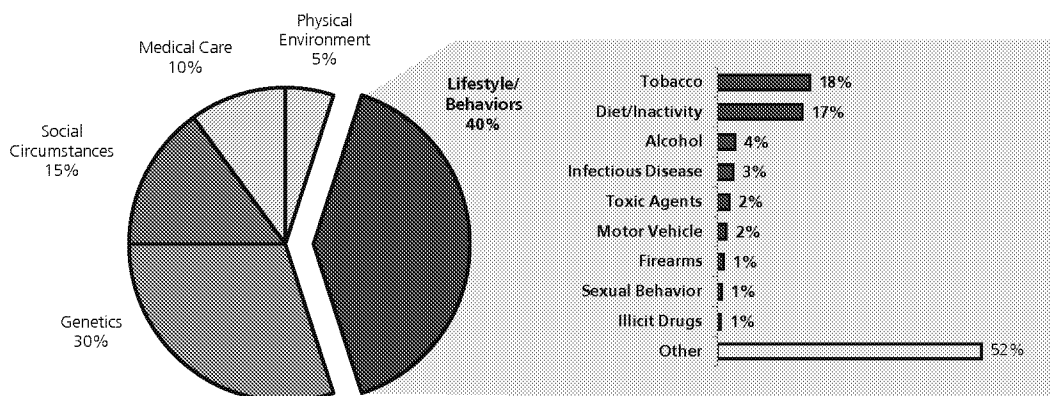
— Ali H. Mokdad, PhD, James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH. "Actual Causes of Death in the United States." JAMA, 291(2004): 1238-1245.

| Leading Causes of Death | Underlying Risk Factors (Actual Causes of Death)                         |   |
|-------------------------|--|---|
| Cardiovascular disease  | Tobacco use<br>Elevated serum cholesterol<br>High blood pressure         | Obesity<br>Diabetes<br>Sedentary lifestyle      |
| Cancer                  | Tobacco use<br>Improper diet   | Alcohol<br>Occupational/environmental exposures |
| Cerebrovascular disease | High blood pressure<br>Tobacco use                                       | Elevated serum cholesterol                      |
| Accidental injuries     | Safety belt noncompliance<br>Alcohol/substance abuse<br>Reckless driving | Occupational hazards<br>Stress/fatigue          |
| Chronic lung disease    | Tobacco use  | Occupational/environmental exposures            |

Source: National Center for Health Statistics/US Department of Health and Human Services, Health United States: 1987. DHHS Pub. No. (PHS) 88-1232.

## Factors Contributing to Premature Deaths in the United States

While causes of death are typically described as the diseases or injuries immediately precipitating the end of life, a few important studies have shown that the actual causes of premature death (reflecting underlying risk factors) are often preventable.



Sources: "The Case for More Action Policy Attention to Health Promotion"; (McGinnis, Velting-Russo, Knickman) Health Affairs, Vol. 21, No. 2, March/April 2002. "Actual Causes of Death in the United States"; (Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH); JAMA, 291(2004): 1238-1245.

# Nutrition

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

**Social Determinants of Diet.** Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

**Physical Determinants of Diet.** Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people's—particularly children's—food choices.

— Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

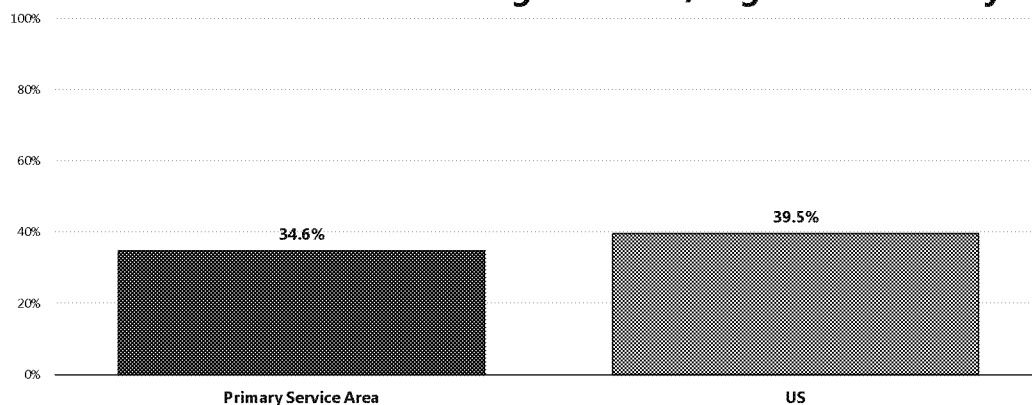
## Daily Recommendation of Fruits/Vegetables

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

A total of 34.6% of Primary Service Area adults report eating five or more servings of fruits and/or vegetables per day.

- Statistically comparable to national findings.

### Consume Five or More Servings of Fruits/Vegetables Per Day

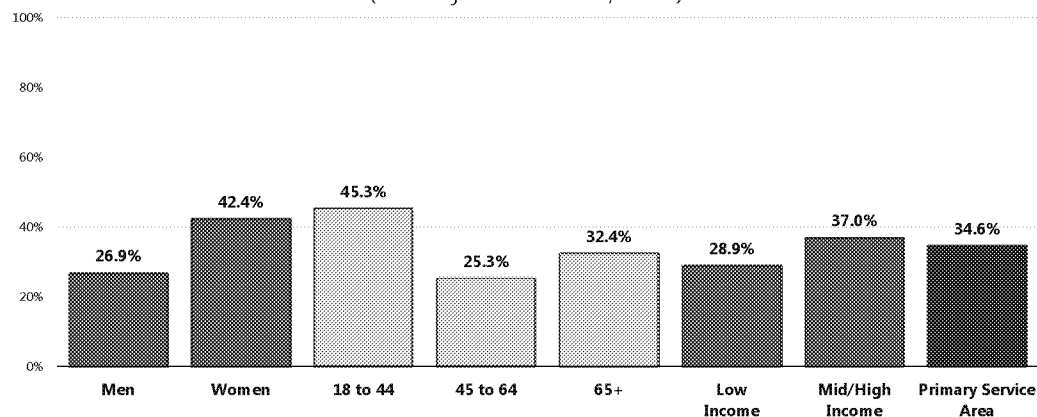


Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 147]  
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.  
• For this issue, respondents were asked to recall their food intake on the previous day.

- Area men are less likely to get the recommended servings of daily fruits/vegetables, as are adults aged 45 to 64.

### Consume Five or More Servings of Fruits/Vegetables Per Day (Primary Service Area, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 147]

Notes: • Asked of all respondents.  
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level. "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.  
• For this issue, respondents were asked to recall their food intake on the previous day.

## Access to Fresh Produce

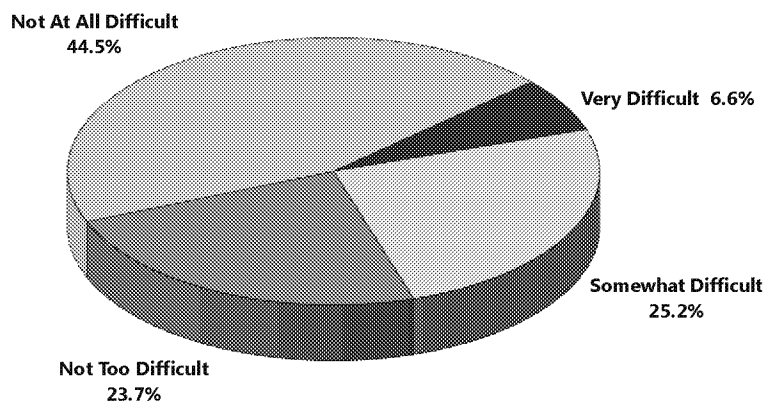
Respondents were asked:

*"How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say: Very Difficult, Somewhat Difficult, Not Too Difficult, or Not At All Difficult?"*

While most report little or no difficulty, 31.8% of Primary Service Area adults report that it is "very" or "somewhat" difficult for them to access affordable, fresh fruits and vegetables.

### Level of Difficulty Finding Fresh Produce at an Affordable Price

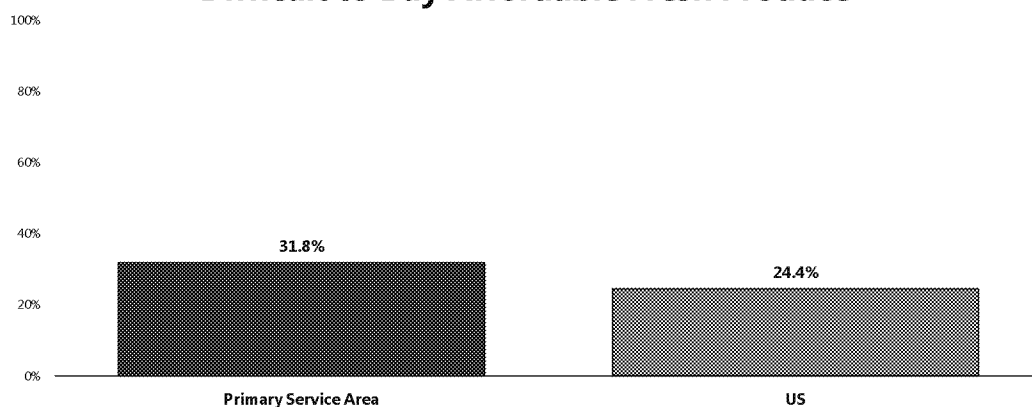
(Primary Service Area, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 91]  
Notes: • Asked of all respondents.

- ◆ Less favorable than national findings.

### Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce

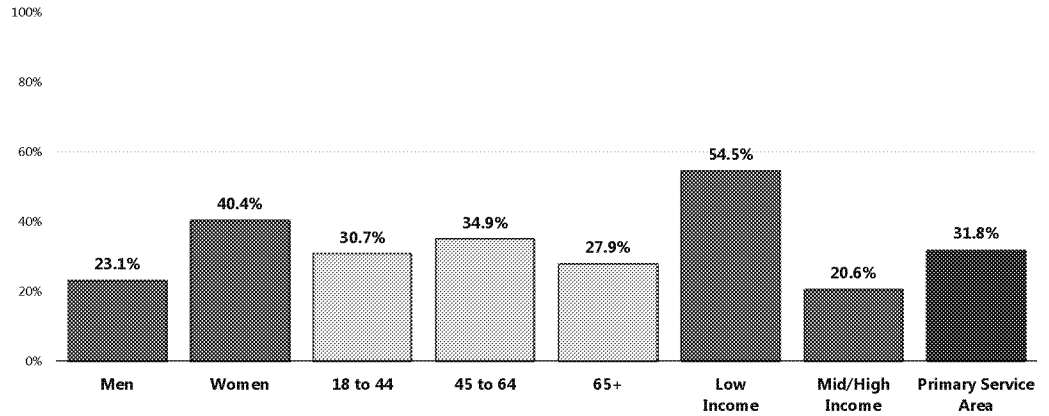


Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 91]  
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.

Those more likely to report difficulty getting fresh fruits and vegetables include:

- 🏠 Lower-income residents.
- 👤 Women.

### Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce (Primary Service Area, 2014)



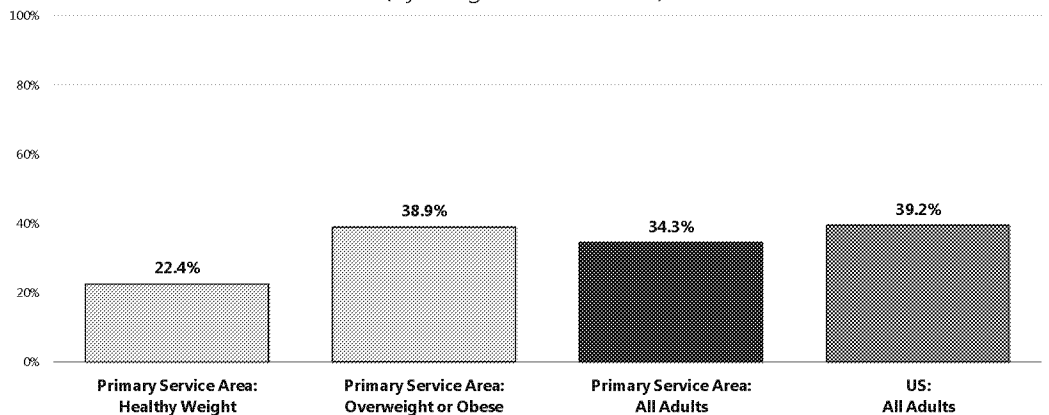
Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 91]  
 Notes: • Asked of all respondents.  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Health Advice About Diet & Nutrition

A total of 34.3% of survey respondents acknowledge that a physician counseled them about diet and nutrition in the past year.

- 💡 Similar to national findings.
- 🏠 Note: Among overweight/obese respondents, 38.9% report receiving diet/nutrition advice (meaning more than 6 in 10 did not).

### Have Received Advice About Diet and Nutrition in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.



# Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults and older adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity:

- Gender (boys)
- Belief in ability to be active (self-efficacy)
- Parental support

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity:

- Parental education
- Gender (boys)
- Personal goals
- Physical education/school sports
- Belief in ability to be active (self-efficacy)
- Support of friends and family

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

— Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

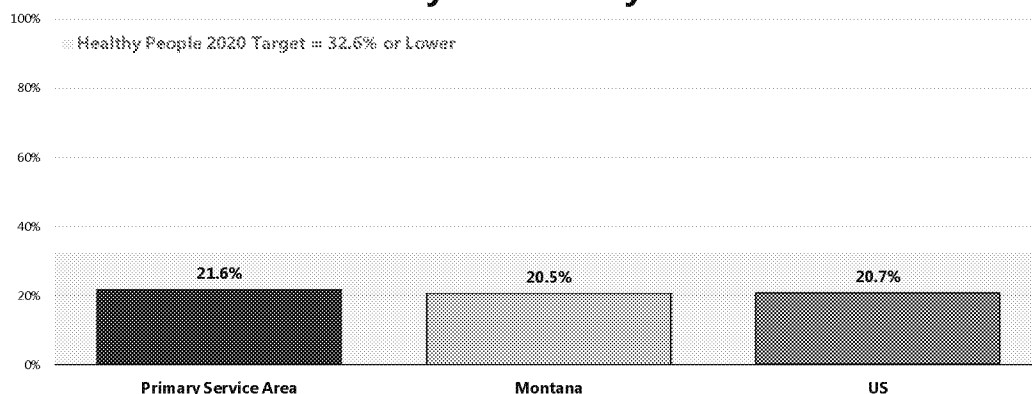
## Leisure-Time Physical Activity

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

A total of 21.6% of Primary Service Area adults report no leisure-time physical activity in the past month.

- ◆ Similar to statewide findings.
- ◆ Similar to national findings.
- ◆ Satisfies the Healthy People 2020 target (32.6% or lower).

### No Leisure-Time Physical Activity in the Past Month



Sources:
 

- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 92]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2012 Montana data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]

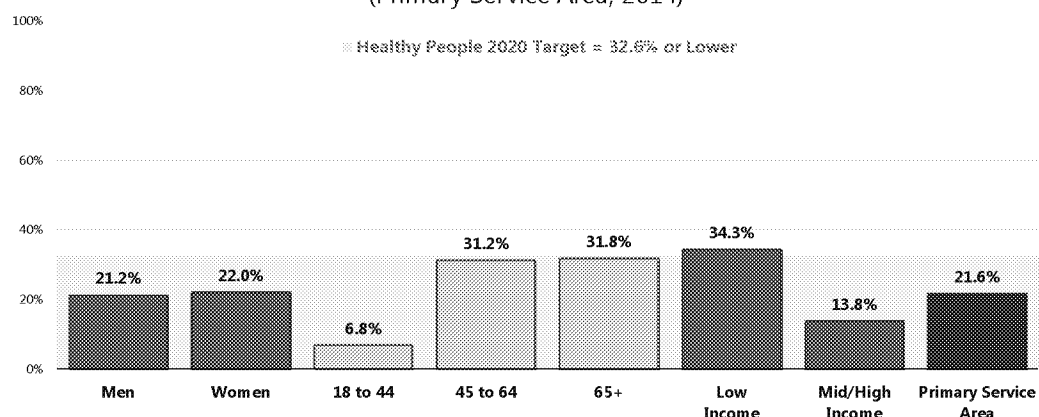
Notes:
 

- Asked of all respondents.

Lack of leisure-time physical activity in the area is higher among:

- ◆ Adults age 45 and older.
- ◆ Lower-income residents.

### No Leisure-Time Physical Activity in the Past Month (Primary Service Area, 2014)



Sources:
 

- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 92]
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]

Notes:
 

- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Activity Levels

Adults (age 18–64) should do 2 hours and 30 minutes a week of moderate-intensity, or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. Aerobic activity should be performed in episodes of at least 10 minutes, preferably spread throughout the week.

Additional health benefits are provided by increasing to 5 hours (300 minutes) a week of moderate-intensity aerobic physical activity, or 2 hours and 30 minutes a week of vigorous-intensity physical activity, or an equivalent combination of both.

Older adults (age 65 and older) should follow the adult guidelines. If this is not possible due to limiting chronic conditions, older adults should be as physically active as their abilities allow. They should avoid inactivity. Older adults should do exercises that maintain or improve balance if they are at risk of falling.

For all individuals, some activity is better than none. Physical activity is safe for almost everyone, and the health benefits of physical activity far outweigh the risks.

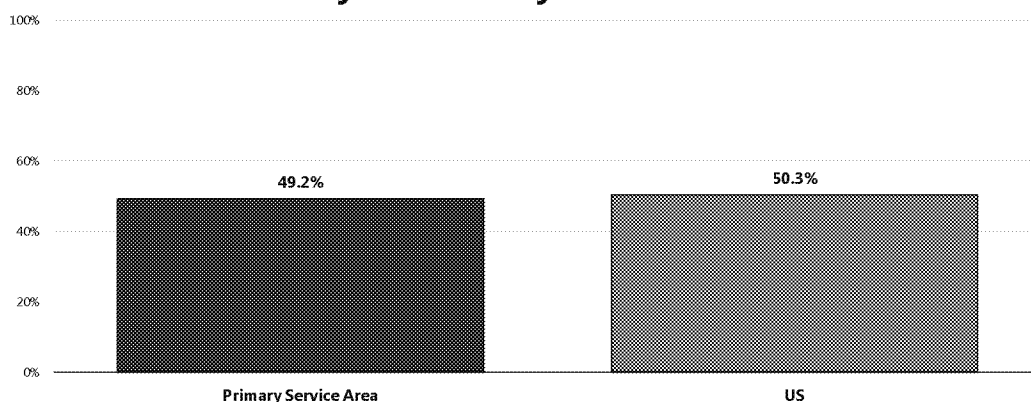
— 2008 Physical Activity Guidelines for Americans, U.S. Department of Health and Human Services. [www.health.gov/PAGuidelines](http://www.health.gov/PAGuidelines)

### Recommended Levels of Physical Activity

**A total of 49.2% of Primary Service Area adults participate in regular, sustained moderate or vigorous physical activity (meeting physical activity recommendations).**

- Comparable to national findings.

### Meets Physical Activity Recommendations



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]

• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

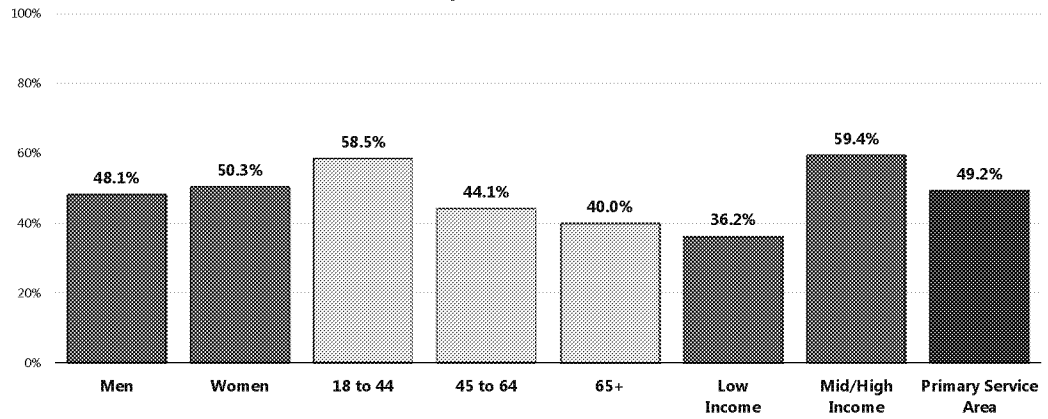
Notes: • Asked of all respondents.

• In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

Those less likely to meet physical activity requirements include:

- 🏠 Adults living in households with lower incomes.
- 🏠 Residents aged 45 and older.

## Meets Physical Activity Recommendations (Primary Service Area, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]  
 Notes: • Asked of all respondents.  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.  
 • In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

### Moderate & Vigorous Physical Activity

The individual indicators of moderate and vigorous physical activity are shown here.

In the past month:

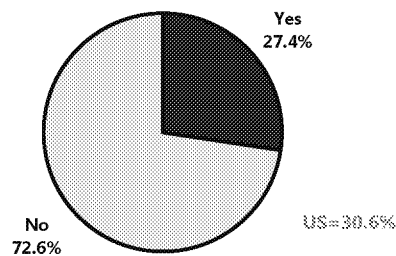
A total of 27.4% of adults participated in moderate physical activity (5 times a week, 30 minutes at a time).

- Comparable to the national level.

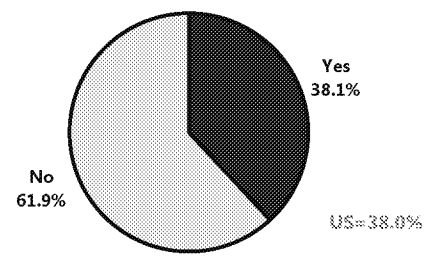
A total of 38.1% participated in vigorous physical activity (3 times a week, 20 minutes at a time).

- Almost identical to the nationwide figure.

### Moderate & Vigorous Physical Activity (Primary Service Area, 2014)



Moderate Physical Activity



Vigorous Physical Activity

Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 149-150]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.  
 • Moderate Physical Activity: Takes part in exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate at least 5 times per week for at least 30 minutes per time.  
 • Vigorous Physical Activity: Takes part in activities that cause heavy sweating or large increases in breathing or heart rate at least 3 times per week for at least 20 minutes per time.

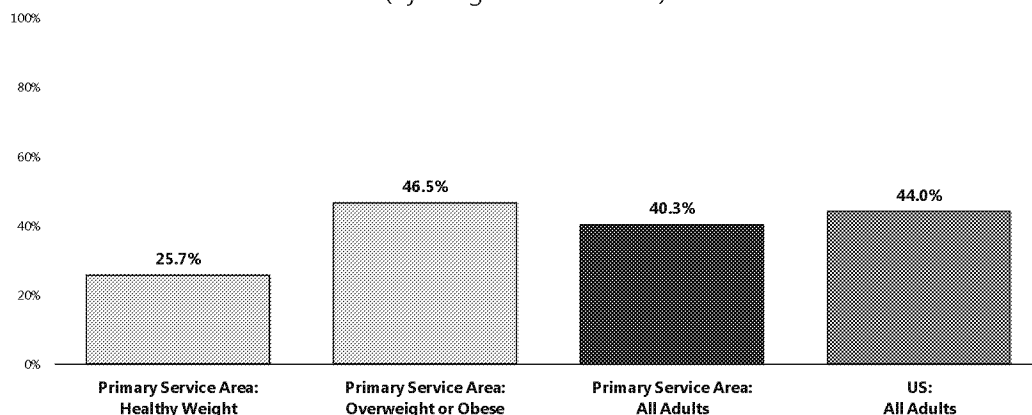
## Health Advice About Physical Activity & Exercise

A total of 40.3% of Primary Service Area adults report that their physician has asked about or given advice to them about physical activity in the past year.

- Comparable to the national average.

🏠 Note: 46.5% of overweight/obese Primary Service Area respondents say that they have talked with their doctor about physical activity/exercise in the past year.

### Have Received Advice About Exercise in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]  
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

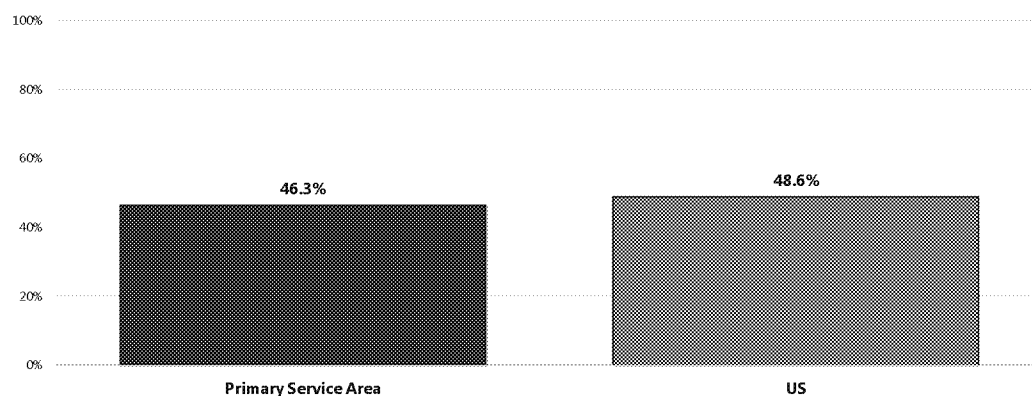
Notes: • Asked of all respondents.

## Children's Physical Activity

Among Primary Service Area children age 2 to 17, 46.3% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

- Comparable to that reported nationally.

### Child Is Physically Active for One or More Hours per Day (Among Children Ages 2-17)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]  
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents with children age 2-17 at home.  
• Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

# Weight Status

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

— Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m<sup>2</sup>). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches<sup>2</sup>)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m<sup>2</sup> and obesity as a BMI ≥30 kg/m<sup>2</sup>. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m<sup>2</sup>. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m<sup>2</sup> is reached. For persons with a BMI ≥30 kg/m<sup>2</sup>, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m<sup>2</sup>.

— Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

| Classification of Overweight and Obesity by BMI | BMI (kg/m <sup>2</sup> ) |
|---|--------------------------|
| Underweight                                     | <18.5                    |
| Normal  | 18.5 – 24.9              |
| Overweight                                      | 25.0 – 29.9              |
| Obese   | ≥30.0                    |

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

## Adult Weight Status

### Healthy Weight

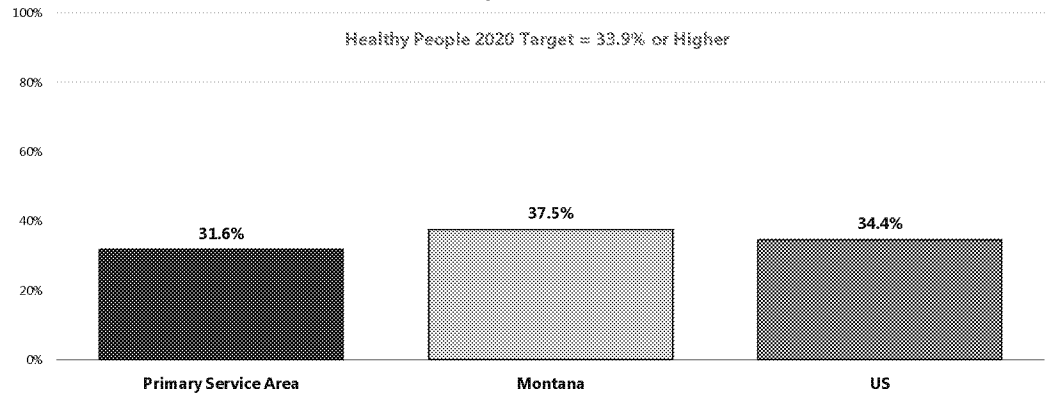
"Healthy weight" means neither underweight, nor overweight (BMI = 18.5–24.9).

Based on self-reported heights and weights, 31.6% of Primary Service Area adults are at a healthy weight.

- Less favorable than the statewide percentage.
- Similar to national findings.
- Similar to the Healthy People 2020 target (33.9% or higher).

## Healthy Weight

(Percent of Adults With a Body Mass Index Between 18.5 and 24.9)



Sources:

- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 155]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Montana data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-8]

Notes:

- Based on reported heights and weights, asked of all respondents.
- The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

## Overweight Status

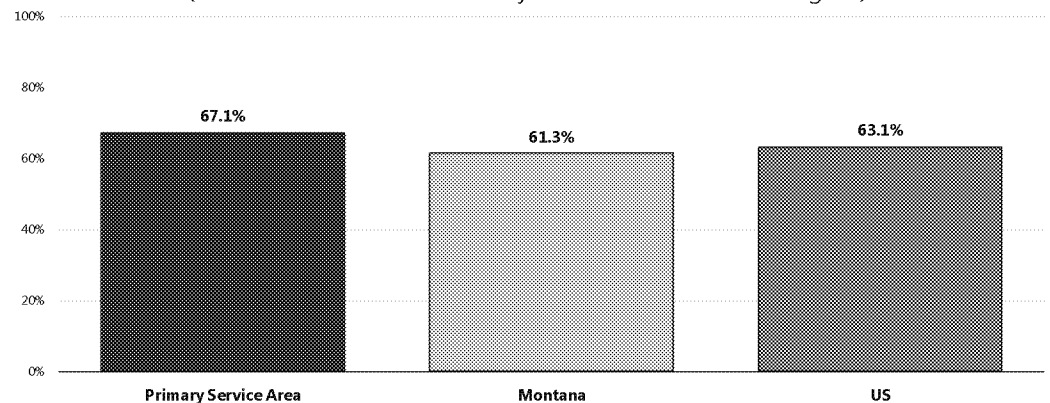
Here, "overweight" includes those respondents with a BMI value  $\geq 25$ .

Just over 2 in 3 Primary Service Area adults (67.1%) are overweight.

- Higher than the Montana prevalence.
- Statistically similar to the US overweight prevalence.

## Prevalence of Total Overweight

(Percent of Adults With a Body Mass Index of 25.0 or Higher)



Sources:

- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 155]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Montana data.

Notes:

- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

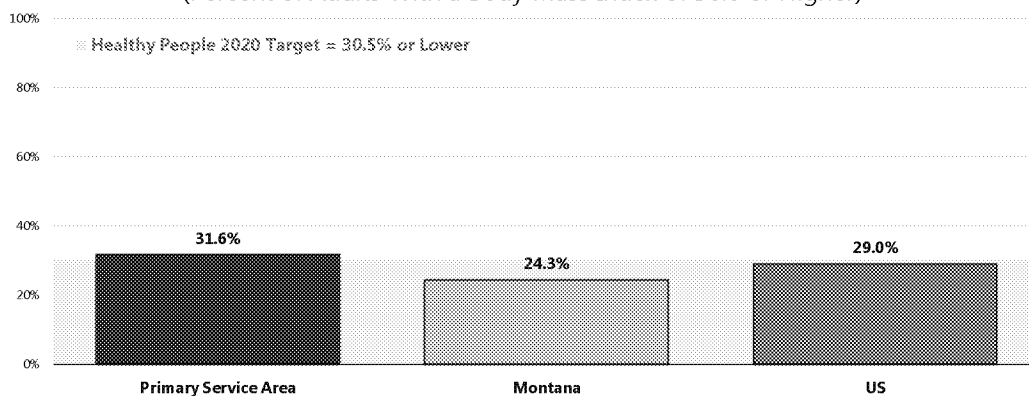
"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value  $\geq 30$ .

Further, 31.6% of Primary Service Area adults are obese.

- Less favorable than Montana findings.
- Similar to US findings.
- Similar to the Healthy People 2020 target (30.5% or lower).

## Prevalence of Obesity

(Percent of Adults With a Body Mass Index of 30.0 or Higher)



- Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 155]
  - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2012 Montana data.
- Notes:
- Based on reported heights and weights, asked of all respondents.
  - The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

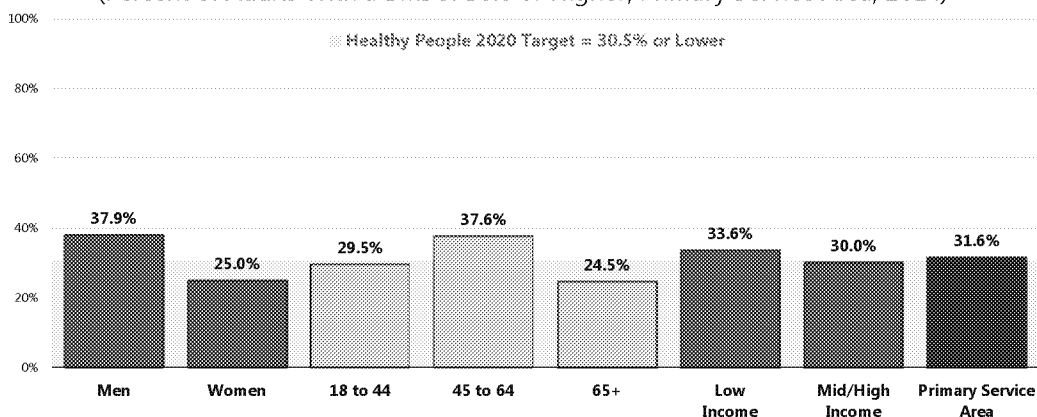
Obesity is notably more prevalent among:

Men.

Adults between the ages of 45 and 64.

## Prevalence of Obesity

(Percent of Adults With a BMI of 30.0 or Higher; Primary Service Area, 2014)



- Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 155]
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]
  - Based on reported heights and weights, asked of all respondents.
- Notes:
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
  - The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.



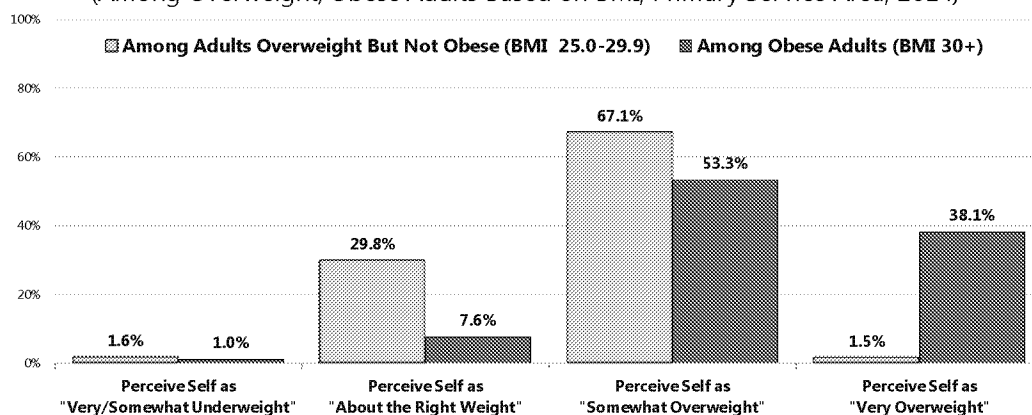
## Actual vs. Perceived Body Weight

A total of 7.6% of obese adults and 29.8% of overweight (but not obese) adults feel that their current weight is "about right."

- 67.1% of overweight (but not obese) adults see themselves as "somewhat overweight."
- 38.1% of obese adults see themselves as "very overweight."

### Actual vs. Perceived Weight Status

(Among Overweight/Obese Adults Based on BMI; Primary Service Area, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]

Notes: • BMI is based on reported heights and weights, asked of all respondents.

• The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

## Relationship of Overweight With Other Health Issues

Overweight and obese adults are more likely to report a number of adverse health conditions.

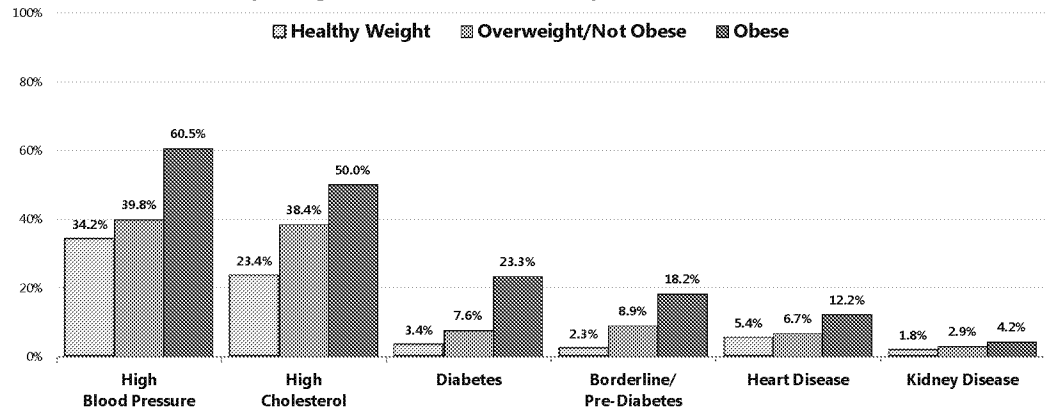
Among these are:

- Hypertension (high blood pressure).
- High cholesterol.
- Diabetes.
- Borderline/pre-diabetes.
- Heart disease.
- Kidney disease.

The correlation between overweight and various health issues cannot be disputed.

## Relationship of Overweight With Other Health Issues

(By Weight Classification; Primary Service Area, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 33, 124, 125, 126, 136]  
Notes: • Based on reported heights and weights, asked of all respondents.

## Weight Management

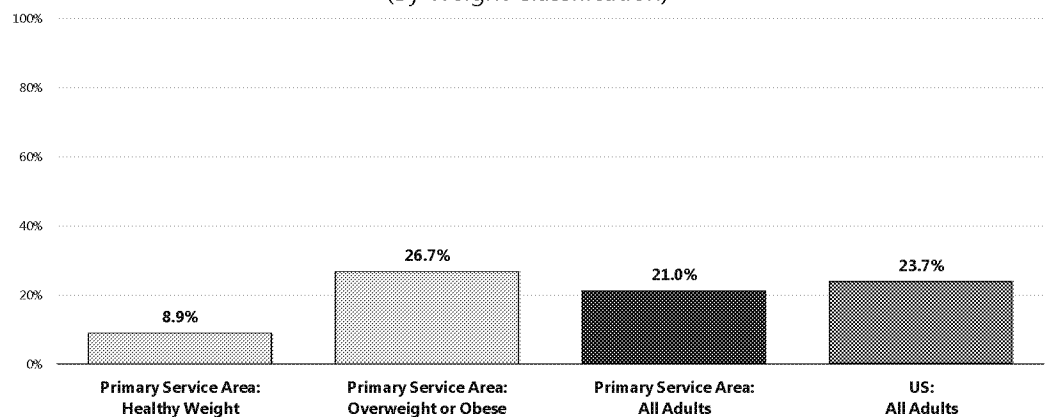
### Health Advice

A total of 21.0% of adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

- Statistically similar to the national findings.
- Note that 26.7% of overweight/obese adults have been given advice about their weight by a health professional in the past year (while nearly 3 in 4 have not).

## Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional

(By Weight Classification)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 98, 157-158]  
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.

## Weight Control

Individuals who are at a healthy weight are less likely to:

- Develop chronic disease risk factors, such as high blood pressure and dyslipidemia.
- Develop chronic diseases, such as type 2 diabetes, heart disease, osteoarthritis, and some cancers.
- Experience complications during pregnancy.
- Die at an earlier age.

All Americans should avoid unhealthy weight gain, and those whose weight is too high may also need to lose weight.

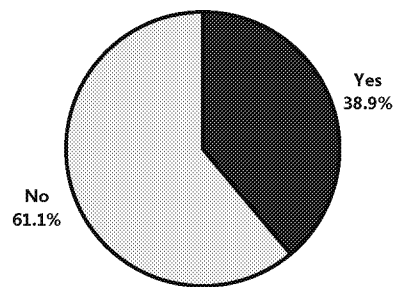
— Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

**A total of 38.9% of Primary Service Area adults who are overweight say that they are both modifying their diet and increasing their physical activity to try to lose weight.**

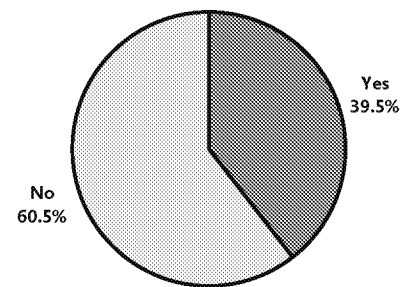
- Similar to national findings.

### Trying to Lose Weight by Both Modifying Diet and Increasing Physical Activity

(Among Overweight or Obese Respondents)



**Primary Service Area**



**United States**

Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]  
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Reflects respondents who are overweight or obese based on reported heights and weights.

## Childhood Overweight & Obesity

In children and teens, body mass index (BMI) is used to assess weight status — underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

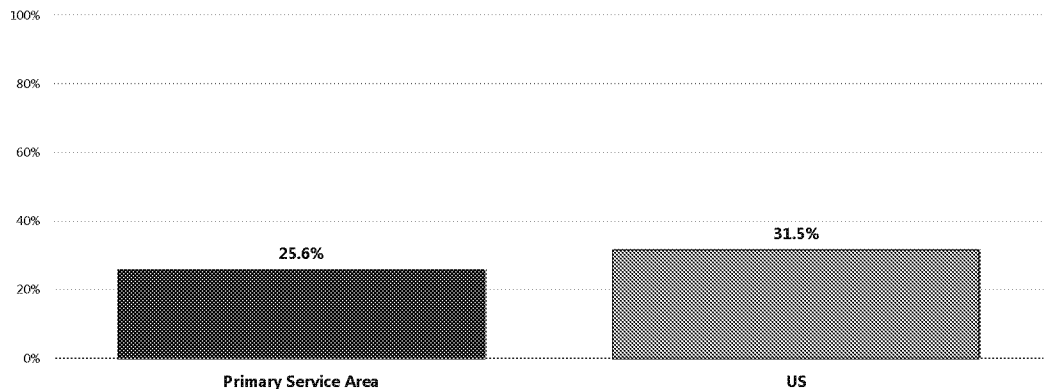
— Centers for Disease Control and Prevention.

Based on the heights/weights reported by surveyed parents, 25.6% of Primary Service Area children age 5 to 17 are overweight or obese (≥85th percentile).

- Statistically similar to that found nationally.

### Child Total Overweight Prevalence

(Percent of Children 5-17 Who Are Overweight/Obese; BMI in the 85th Percentile or Higher)



Sources: ● 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]

● 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents with children age 5-17 at home.

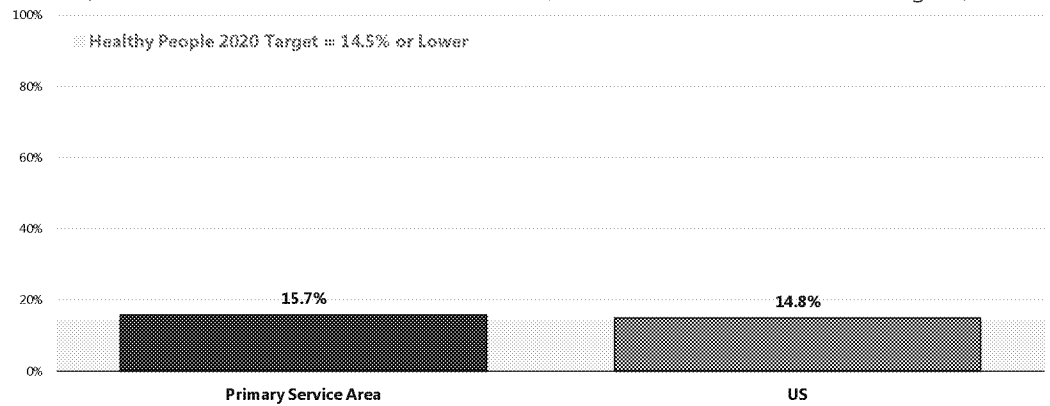
● Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

Further, 15.7% of Primary Service Area children age 5 to 17 are obese (≥95th percentile).

- Comparable to the national percentage.
- Comparable to the Healthy People 2020 target (14.6% or lower for children age 2-19).

## Child Obesity Prevalence

(Percent of Children 5-17 Who Are Obese; BMI in the 95th Percentile or Higher)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]

• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-10.4]

Notes: • Asked of all respondents with children age 5-17 at home.

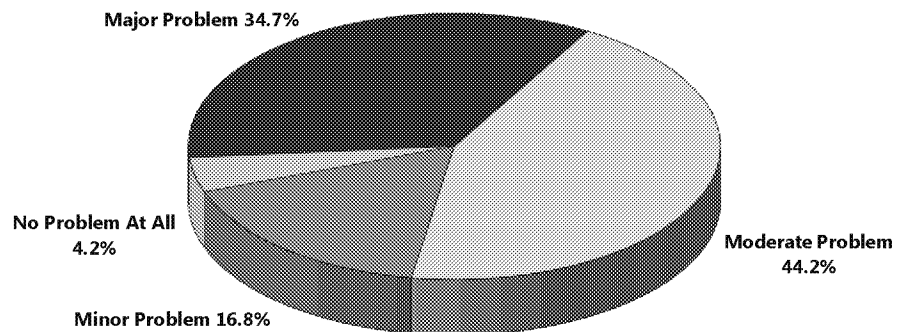
• Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

## Key Informant Input: Nutrition, Physical Activity, & Weight

The majority of key informants taking part in an online survey characterized *Nutrition, Physical Activity, and Weight* as a "major" (34.7%) or "moderate" (44.2%) problem in the community.

## Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community

(Key Informants, 2014)



Sources: • 2014 PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

## Top Concerns

Among those characterizing this as a "major problem," reasons frequently related to the following:

### Lifestyle Choices

*The more I read and hear about this topic is that **diet/nutrition** is clearly the issue. The amount of sugar and processed foods in our diet is a huge issue. We need to have a national change in eating habits in our nation and the agricultural business needs to start making more nutritious items. Getting more people to exercise (strenuous) on a regular basis. [Social Services Representative]*

Poor **eating habits** and infrequent **physical activity**. [Social Services Representative]

Individuals are **not eating properly nor exercising**. [Social Services Representative]

In the County Health Rankings for 2014, Butte has challenges as related to **nutrition, physical activity and obesity**. Promotion of nutrition and activity is warranted. [Director, BSB Public Health Department]

**Lack of education**, complacency. [Health Provider, Non-Physician]

**Restaurant and food choices** are very limiting as well and mainly focus on high calories types of foods such as BBQ pork, burgers, steak, and other unhealthy choices. There are little to no healthy restaurant options. [Health Provider, Non-Physician]

**Family habits** and lifestyle choice. [Physician]

**Personal motivation!** [Community Leader]

There are **no incentives** for people to eat healthy, work-out, and maintain their weight. [Community Leader]

#### Cost-Related Issues

The ability to access **affordable weight loss options and nutritional choices** is limited. There are walking trails, but outside of this option, there are very limited in-town options for this area. [Social Services Representative]

Low income community. Lower cost foods are usually **lower in nutrition**. We have an aging population. [Health Provider, Non-Physician]

That junk food is **cheaper than real food**, access to healthy food/food deserts. [Health Provider, Non-Physician]

Again - most of our community doesn't have the **funds to afford** regular exercise through a facility, as well as little knowledge on health eating/living. [Physician]

Perceived difficulty to shop for fresh fruits and vegetable and **time/cost** associated with this. School lunches, snack food, soda. [Physician]

Fast food. As long as fast food and processed foods are readily available and that natural and organic foods continue to **cost much more** than fast food and processed foods, we'll continue to see this be a persistent issue. And couple this with long winters where outside physical activity is not always easy, makes it doubly tough. [Social Services Representative]

#### Built Environment & Weather

Need more and **safe walking and bicycle trails**. [Health Provider, Non-Physician]

Sedentary culture, infrastructure barriers such as **lack of sidewalks and bike lanes**. Lack of education on healthy food options and meal preparation skills. Limited organized physical activities for adults. [Health Provider, Non-Physician]

Generally an overweight community that does not live a healthy lifestyle. With **long winters** most people seem to watch TV or go out to bars and gambling. There are a lot of activities for the summer but little to do in the winter. The **trails** throughout the community are great but need to be taken advantage of more and connect together.

**Weather** prohibits many outdoor activities. [Physician]

**Weather** complicates exercise activities. [Physician]

#### Education/Awareness

Fast food restaurants, junk food, alcohol, and cigarettes abound in Butte. School lunch programs are abysmal – **tater tots are actually classified as a vegetable**. Pizza is considered a well-balanced meal. Start with the kids. **Healthy hot lunches**, no candy and pop machines. Forget — or at least de-emphasize — the organized team sports and get all of the kids into a real physical fitness **program**. Helping each child develop healthy lifestyle habits can make a difference in the long run. People do not know how to feed themselves -- maybe some **adult cooking classes** emphasizing good, healthy, balanced inexpensive meals using a number of different protein sources like beans, cheese, legumes, etc. would be invaluable. [Community Leader]

I know there are issues based on a family member who is a dietitian. I think there is still a lot of **education** that needs to be done to help people understand the importance of good nutrition. [Social Services Representative]

**Poor understanding** of what constitutes a healthy diet. [Physician]

#### Culture/Tradition

The **culture** here ignores healthy nutrition and exercise. [Health Provider, Non-Physician]

We have a fried food, sticky sweet love for all Butte dishes. Pasties are the local fare that is the healthiest, and the best ones come with a Crisco crust and covered in brown gravy. A fried pork chop is a **rite of passage**, and skipping a polish dog on St. Patrick's Day is considered an extreme sacrifice. Our diet is abysmal as a community. We can encourage exercise until we're blue in the face, but until we address the inherent downside of our diet, we'll continue to be an obese community. [Health Provider, Non-Physician]

#### Barriers to Healthy Choices

##### Built Environment & Weather

Our diet, the fact that we can't walk on **sidewalks** for most of the year as the county never enforces the ordinance that requires residents and business owners to clear their sidewalks, and our **anti-pedestrian** street layout/signage/culture. [Health Provider, Non-Physician]

No **bike trails**, high-nutrition healthy food is expensive. [Health Provider, Non-Physician]

Access to exercise - we have very few **parks/ walking trails**; we have little access to locally grown produce or affordable produce. [Physician]

Lack of bicycle and walking **trails** that are lit and considered safe. [Health Provider, Non-Physician]

Community could provide for more **outdoor activities/events** in winter to encourage home dwellers out of their house. Ensure that **walking paths** are cleared of snow and ice. [Social Services Representative]

We need to develop a culture that promotes good health. Butte lacks that culture! We had a commissioner question why we need **bike lanes** ... he doesn't see many bikers. [Community Leader]

**Weather**, inability to afford exercise programs, lack of education regarding nutrition, and apathy. [Health Provider, Non-Physician]

Generally the weather and how cold it is for a good portion of the year. There really is not much to do here for **6 months out of the year**. A swim center would be great to have as an option or

indoor tennis/racquet courts. Even an indoor walking/running track would be a great addition. My wife and I are very active and routinely go to the gym but even the **gym options** leave something to be desired. [Health Provider, Non-Physician]

The cold **inclement weather**, lack of jobs. [Community Leader]

The weather restricts some outdoor activities. There is a **lack of indoor exercise facilities**. [Community Leader]

During the **long winter months**, it is more difficult to get exercise. Fast food is easier, quicker, and cheaper than fixing wholesome meals. [Community Leader]

#### Education/Awareness

**Not knowing** what resources are available to them. [Social Services Representative]

Poor **knowledge** of how to cook simple healthy dishes. [Physician]

We have some great eateries in this community, which serve high caloric foods and large portions. **Helping people understand** that food also triggers pleasure receptors in the brain which contributes to overeating. The FDA is changing food labeling, getting people to be more aware of what they are eating. More healthy alternatives. A big part of change is to get people to a point of wanting to change. There is a lot of science behind the change process and getting people to change is very hard. Long winters keeping people inside contributes to inactivity. [Social Services Representative]

Limited **promotion /support system** for physical activities. Limited availability of locally grown healthy foods. [Health Provider, Non-Physician]

WIC providing juice and not great **messages** to new families. [Physician]

Minimal programs aimed at **encouraging change** locally. [Social Services Representative]

#### Cost/Expense

The illusion that fast-food and junk food are **cheaper** than wholesome food. [Community Leader]

**Expensive** fruits and vegetables. [Physician]

The fact that fast food and processed food costs are cheaper than natural and organic foods leads to a bad formula for eating healthy. [Social Services Representative]

Poor options for **healthy fast food** ---- fast food in town is terrible, yet healthier fast food alternatives exists which are only slightly more expensive --- Chipotle, etc. [Physician]

#### Culture/Tradition

**Generations of families** with unhealthy habits. [Physician]



# Substance Abuse

In 2005, an estimated 22 million Americans struggled with a drug or alcohol problem. Almost 95% of people with substance use problems are considered unaware of their problem. Of those who recognize their problem, 273,000 have made an unsuccessful effort to obtain treatment. These estimates highlight the importance of increasing prevention efforts and improving access to treatment for substance abuse and co-occurring disorders.

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

The field has made progress in addressing substance abuse, particularly among youth. According to data from the national Institute of Drug Abuse (NIDA) Monitoring the Future (MTF) survey, which is an ongoing study of the behaviors and values of America's youth between 2004 and 2009, a drop in drug use (including amphetamines, methamphetamine, cocaine, hallucinogens, and LSD) was reported among students in 8th, 10th, and 12th grades. Note that, despite a decreasing trend in marijuana use which began in the mid-1990s, the trend has stalled in recent years among these youth. Use of alcohol among students in these three grades also decreased during this time.

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

— Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## High-Risk Alcohol Use

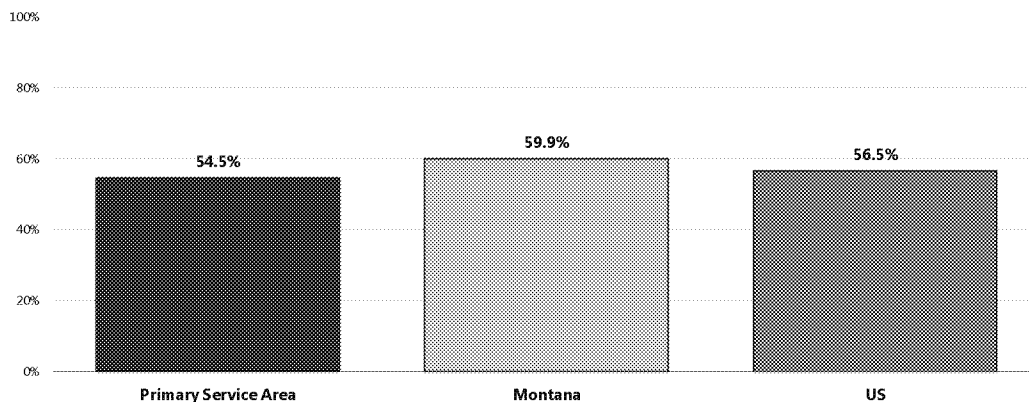
### Current Drinking

"Current drinkers" include survey respondents who had at least one drink of alcohol in the month preceding the interview. For the purposes of this study, a "drink" is considered one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail, or one shot of liquor.

A total of 54.5% of area adults had at least one drink of alcohol in the past month (current drinkers).

- More favorable than the statewide proportion.
- Similar to the national proportion.

### Current Drinkers

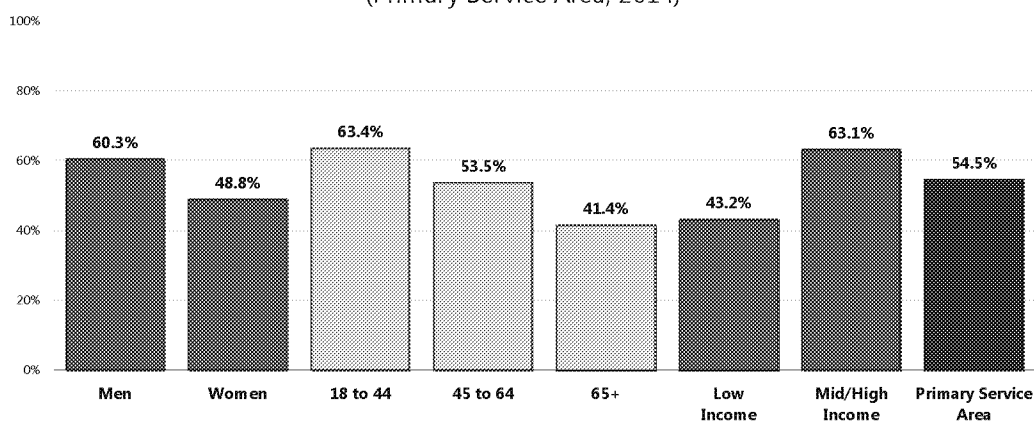


Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 164]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Montana data.  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.  
 • Current drinkers had at least one alcoholic drink in the past month.

Current drinking is more prevalent among men, adults under 65 (negative correlation with age), and upper-income residents.

### Current Drinkers (Primary Service Area, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 164]  
 Notes: • Asked of all respondents.  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.  
 • Current drinkers had at least one alcoholic drink in the past month.

## Chronic Drinking

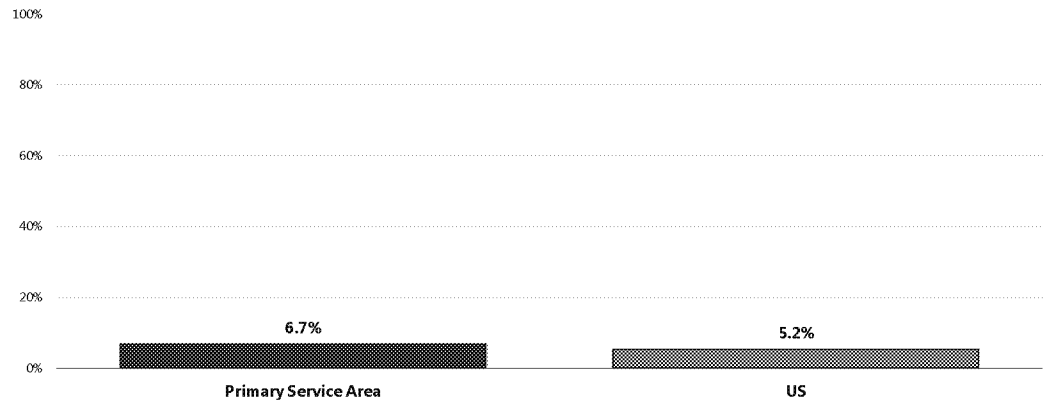
"Chronic drinkers" include survey respondents reporting 60 or more drinks of alcohol in the month preceding the interview.

RELATED ISSUE:  
See also *Stress* in the **Mental Health & Mental Disorders** section of this report.

A total of 6.7% of area adults averaged two or more drinks of alcohol per day in the past month (chronic drinkers).

- ◆ Similar to the national proportion.

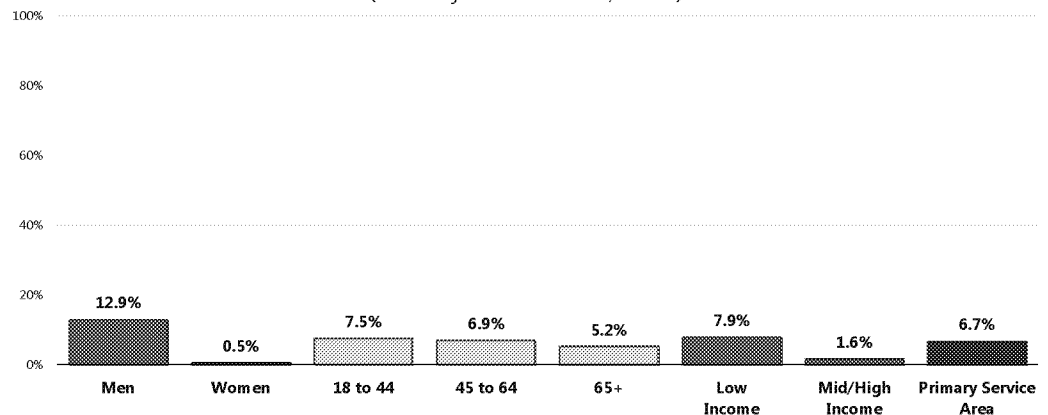
### Chronic Drinkers



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 165]  
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.  
• Chronic drinkers are defined as having 60+ alcoholic drinks in the past month.

☞ Chronic drinking is more prevalent among men and residents in lower-income households.

### Chronic Drinkers (Primary Service Area, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 165]  
Notes: • Asked of all respondents.  
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.  
• Chronic drinkers are defined as those having 60+ alcoholic drinks in the past month.

"Binge drinkers" include:

1) MEN who report drinking 5 or more alcoholic drinks on any single occasion during the past month; and

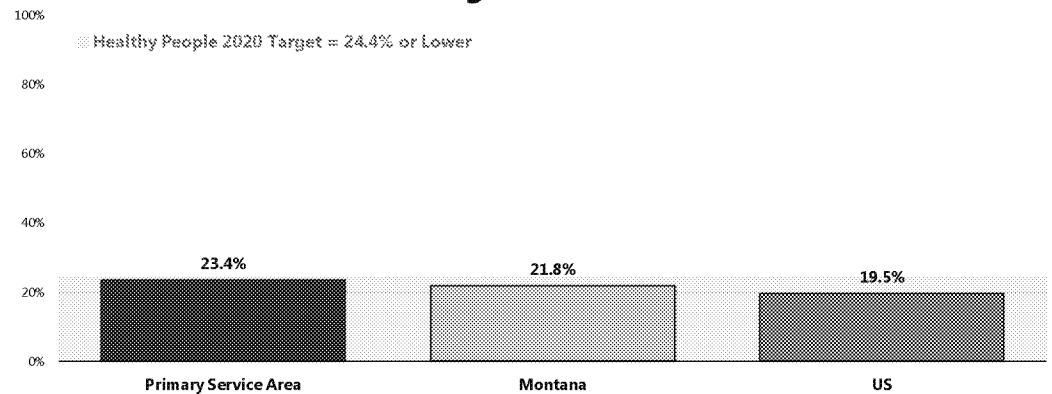
2) WOMEN who report drinking 4 or more alcoholic drinks on any single occasion during the past month.

## Binge Drinking

A total of 23.4% of Primary Service Area adults are binge drinkers.

- Similar to Montana findings.
- Similar to national findings.
- Similar to the Healthy People 2020 target (24.3% or lower).

### Binge Drinkers

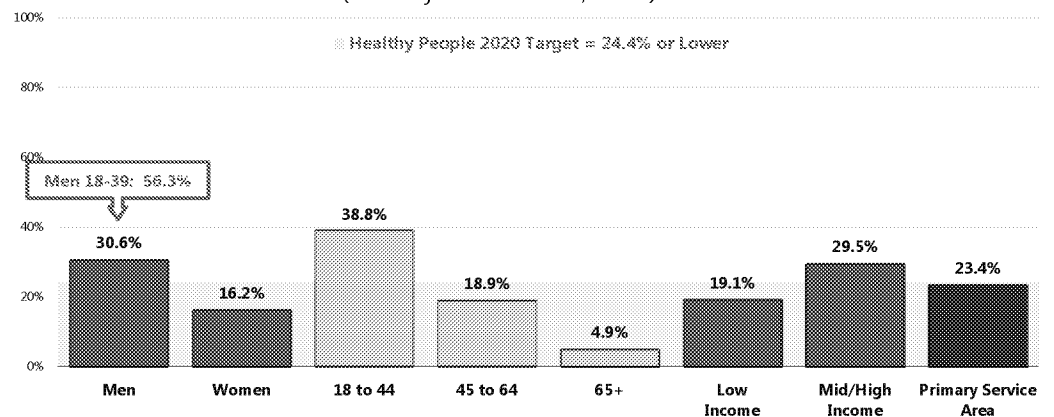


Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 166]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2012 Montana data.  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-14.3]  
 Notes: • Asked of all respondents.  
 • Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion.

Binge drinking is more prevalent among:

- Men (especially those under age 40).
- Adults under age 65 (negative correlation with age).
- Upper-income residents.

### Binge Drinkers (Primary Service Area, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 166-167]  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-14.3]  
 Notes: • Asked of all respondents.  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.  
 • Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion.

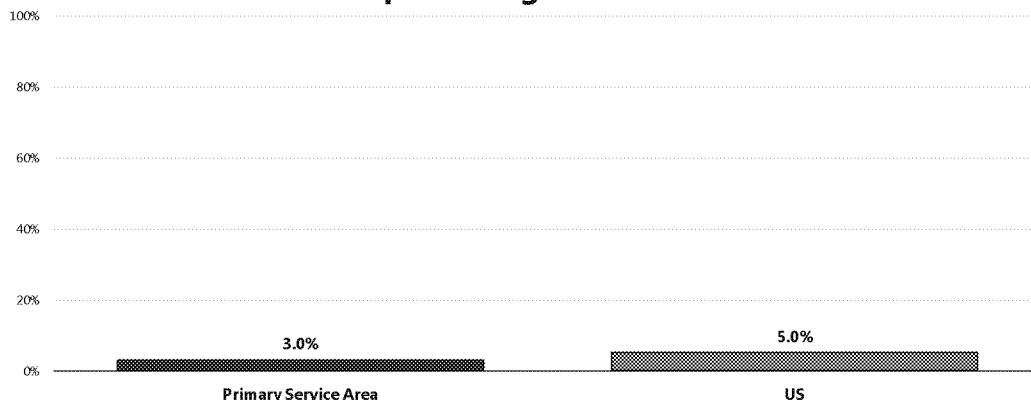
## Drinking & Driving

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that the actual incidence of drinking and driving in the community is likely higher.

A total of 3.0% of Primary Service Area adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

- ◆ Similar to the national findings.

### Have Driven in the Past Month After Perhaps Having Too Much to Drink



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 65]  
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

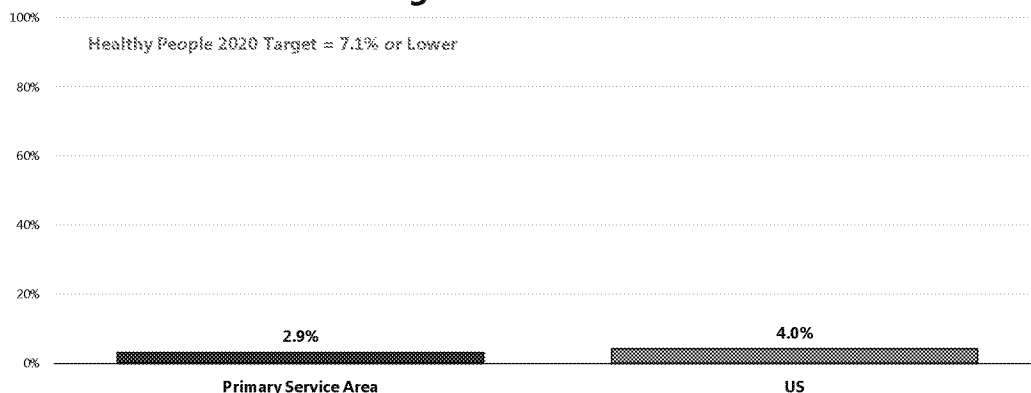
## Illicit Drug Use

For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

A total of 2.9% of Primary Service Area adults acknowledge using an illicit drug in the past month.

- ◆ Similar to the proportion found nationally.
- ◆ Satisfies the Healthy People 2020 target of 7.1% or lower.

### Illicit Drug Use in the Past Month



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 66]  
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

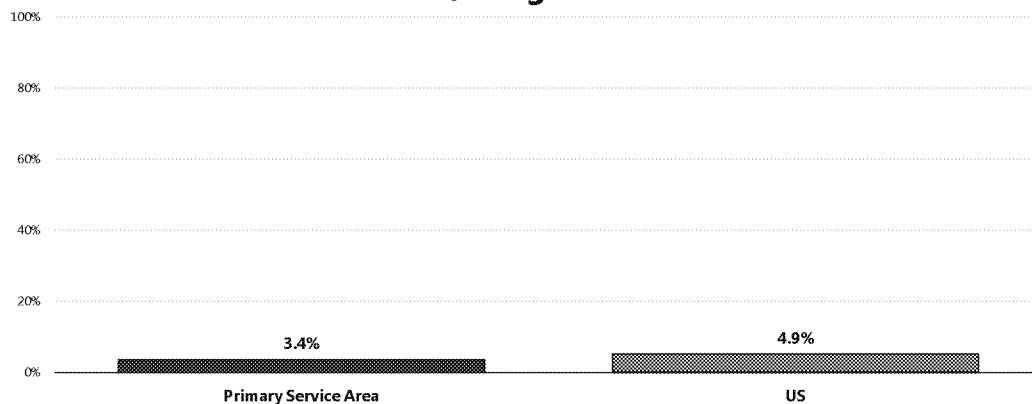
Notes: • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-13.3]  
• Asked of all respondents.

## Alcohol & Drug Treatment

A total of 3.4% of Primary Service Area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- ◆ Similar to national findings.

### Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 67]  
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

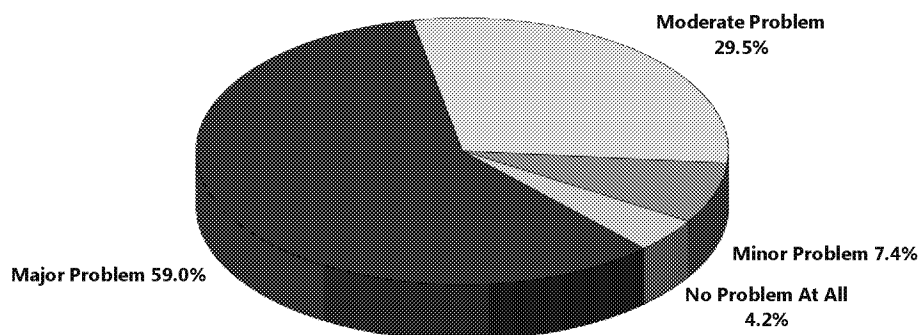
Notes: • Asked of all respondents.

## Key Informant Input: Substance Abuse

The vast majority of key informants taking part in an online survey characterized *Substance Abuse* as a “major” (59.0%) or “moderate” (29.5%) problem in the community.

### Perceptions of Substance Abuse as a Problem in the Community

(Key Informants, 2014)



Sources: • 2014 PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

## Top Concerns

Among those characterizing this as a “major problem,” reasons frequently related to the following:

### High Prevalence of Substance Abuse

*Substance abuse is a **major problem** in Butte. Whether it be drinking, smoking marijuana, or doing meth. It is all starting in high school and continuing on. [Social Services Representative]*

*A wide variety of **illegal drugs are uncovered weekly** through arrests for usage and sale - the number of such arrests seems to far exceed those in like-sized communities. [Health Provider, Non-Physician]*

*Montana's exploration of **medical marijuana** has exposed more citizens to a more concentrated form of the drug which may well be having a much more serious impact on users than historically has been the case. Access appeared to be wide open for a time period with many more individuals exposed. **Meth** also appears to be more abundant with sales now directed by cartels rather than mom and pop producers. It seems to be impacting Silver Bow County significantly but may well be having a substantial effect throughout Montana and our region. [Health Provider, Non-Physician]*

*Read about too many people being arrested on drug-related charges in the **local media**. [Health Provider, Non-Physician]*

*Comes up frequently on **medical/health history forms**. [Health Provider, Non-Physician]*

*The state department of justice told me we have a **big problem** here. [Health Provider, Non-Physician]*

*I believe **alcohol** use exceeds averages as well as other drugs. [Health Provider, Non-Physician]*

*Several buildings in Butte have painted murals talking about not trying **meth** even once. And you only need to read the newspaper or view online to read about abuse of drugs in Butte. [Social Services Representative]*

*30-40% of my patients suffer from a **substance abuse disorder** of some kind. [Health Provider, Non-Physician]*

*Butte has a relatively high rate for use and **abuse of drugs and alcohol**. [Director, BSB Public Health Department]*

*In the area I work in, I see many people who are addicted to **alcohol**. It affects them physically and prevents them from following the rules of the program. [Social Services Representative]*

*High levels of **meth** use. [Health Provider, Non-Physician]*

***Meth** is a major problem here, I see many cases of meth mouth. [Health Provider, Non-Physician]*

***Meth addiction**. [Physician]*

*Kids are **starting earlier** and alcohol has been associated in many **suicide** and attempted suicides in our community. [Physician]*

***Increasing number** of people showing up with intoxicated symptoms but no drug showing up in urine. More difficult to keep up with obviously high patients when you don't know what you're treating. [Physician]*

*There is a **major problem** of addiction in the community, very large population of unemployed,*

poverty-level population. [Physician]

Many patients abuse **illegal drugs and alcohol**. [Physician]

Substance abuse is a **major problem** in Butte-Silver Bow for all ages. [Community Leader]

There is a **substance abuse issue** in Butte, and I think that the other factors that include economic situations, mental health status, and employment issues compound the problem. I also think that our inability to cut off the supply chain for drugs is magnifying the problems. [Community Leader]

I have **never seen so much abuse** of alcohol and drugs compared to other sites I have worked at. [Physician]

**Alcohol** is a major problem everywhere. [Community Leader]

**Teenage drug and alcohol abuse** is too high. There is way too much meth use, and there are too many marijuana shops and users in the area. [Community Leader]

The **use of drugs among the young** is at an explosive level here. [Community Leader]

#### Culture/Tradition

The number of repeat offenders regarding DUIs and **BSB's culture** of a hard-working hard-drinking town provides for challenges to combat the problem. [Community Leader]

**Culture.** Lack of **treatment** options. [Health Provider, Non-Physician]

Silverbow has one of the highest consumption rates of alcohol in the nation. There is also major drug abuse. In many ways substance abuse is a part of our **culture**. [Health Provider, Non-Physician]

High amount of substance use as indicated by the number of DUIs per population, arrests for substances, etc. Long-standing **cultural norm** in Butte-Silver Bow to use. [Social Services Representative]

**Culture** of Butte and Montana. People are embarrassed and want to "hide it." [Health Provider, Non-Physician]

**Culture** is work hard and play hard, which included alcohol. [Community Leader]

It is a **culture in Butte** and it will be hard to ever completely control. [Social Services Representative]

All the statistics tell us it is a major problem. I think we have a substance abuse problem because **our society today has normalized** the condition of being in an altered state of consciousness in order to relax, be cool, to fit in, to be sexy, to be normal. As a result everyone is desensitized to the problem. It is legal, everyone does it, we all did it as kids, kids will be kids, the good ole boy's network, the work hard play hard, mining, cowboy way, this is the way it has always been attitude in particular in this community is killing this community. I am not talking about Prohibition (alcohol) but it is out of control. We need a culture shift with regards to the thinking about alcohol. The new "medical" marijuana has really hurt the perception of harm and belief that it's okay. Like tobacco, we have easy access to alcohol and other illicit drugs in this community. [Social Services Representative]

**Cultural issue.** It has always been prevalent in Butte since the mining days, and it continues to be very prevalent. [Physician]

Lots of alcoholism, this town is proud of its **drinking heritage**. [Physician]



*It seems everyone goes out on the weekend to **relax** which means getting drunk or high. [Health Provider, Non-Physician]*

*I believe that many of our citizens abuse alcohol and other drugs. We have had several high profile cases of prescription drug (painkiller) abuse. We have a **history of abusing alcohol**. Alcohol abuse has decreased, I think, but remains a problem. [Community Leader]*

*Alcohol consumption is **glorified in this community**. Our most celebrated young entrepreneurs opened a distillery that allows and encourages children to visit. Sad, depressed people need help to feel less sad and less depressed. They believe alcohol, meth, and other chemical substances might help them. [Community Leader]*

*We live in a rough mining community whose **culture is substance abuse**, especially alcohol. Fighting the culture is the issue. [Community Leader]*

#### **Inadequate Resources/Access**

*There does not seem to be a **treatment facility** for people with substance (drug and alcohol) problems. [Community Leader]*

*Alcohol is still a problem in our town. **Access and availability** have always been an issue in Butte from the previous generations of miners. Recent public health committees such as Butte Cares and Mariah's Challenge are helping. [Health Provider, Non-Physician]*

*It is documented very well in past community assessments. Our **drug and alcohol programs are full**. We created a program to reward students to not drink and to not drink and drive because the problem is so big. [Social Services Representative]*

*Methamphetamine, opioid, and alcohol addiction/use has skyrocketed in the community in the last 5 years. There is **no place for patients to safely detox** from these substances when they want to get clean before attending a treatment program. [Physician]*

#### **Barriers to Treatment**

##### **Inadequate Resources/Access**

*Two, **lack of treatment options** especially for those not in the criminal justice system. **Stigma** associated with help seeking behaviors. Also addiction is a disease that can be treated but denial is a huge part of the sickness and if individuals with an addiction don't want help, it is extremely difficult to deliver effective treatment. [Social Services Representative]*

***Lack of inpatient treatment services**, no one to care for family members, and some people do not want treatment. [Social Services Representative]*

***Access**. We don't have 30 days to get them into a bed. Many people refuse to go to the ER when detoxing secondary to prior bad experiences, so they are detoxing on their own and are at significant risk. **Outpatient** detox. [Health Provider, Non-Physician]*

*Some do not seek treatment until too late; others cannot afford treatment until forced by circumstances. **Fewer employers offer EAP programs** each year as health insurance costs increase, and those who do offer EAP programs contract with out-of-area vendors. [Health Provider, Non-Physician]*

*Only 48 publicly funded **treatment beds** for all of Montana. People don't get help until they are in trouble. [Community Leader]*

*A total community acknowledgement of the problem needs to be made and a **community-wide program solution** is needed. Many groups have attempted to address the problem, but they often work alone and programs usually address only parts of the community. [Community*

Leader]

Addiction medicine isn't something to be handled in a primary care ALONE - there needs to be a **collaborative community effort** with primary care, mental and addiction services but right now the **burden falls to primary care providers** who cannot realistically and safely provide this service to so many. [Physician]

Support **resources**. [Physician]

**Affordable** cost. [Community Leader]

Illegal drug usage will create barriers to treatment - allowing medical marijuana has complicated issues related to treatment and enforcement. Most illegal drug users avoid treatment until the impact on their and family life is substantial. Available treatment in Silver Bow County seems very formal in nature and requires individuals to make and keep appointments. **Access to more informal treatment venues** may encourage more casual users to seek out help before drug usage dominates their life. [Health Provider, Non-Physician]

**Quick access to recovery services** when they are ready - sometimes MCDC is a long wait then the "ship has sailed" in terms of their motivation and readiness to quit. [Physician]

Quality/affordable **inpatient treatment programs**. [Community Leader]

Shame and **lack of good resources**. [Health Provider, Non-Physician]

**Cost**. [Health Provider, Non-Physician]

**No health insurance**. [Community Leader]

**Access** to care/ detox facilities. [Health Provider, Non-Physician]

#### Stigma/Denial

Pride and **stigma**. [Health Provider, Non-Physician]

Access. **Stigma**. [Health Provider, Non-Physician]

Money. **Stigma**. Not enough providers to serve the need. [Social Services Representative]

People with substance abuse problems **rarely seek treatment** on their own. They need to be mandated or forced to do it at least once to start the process it seems. [Community Leader]

**Ability to see they have a problem**. [Health Provider, Non-Physician]

Expense, **not ready or wanting to quit**. [Health Provider, Non-Physician]

I do not think that many people **want to be treated** for alcohol abuse. People must desire treatment and I think it is available if desired. [Community Leader]

Preconceptions that seeking help is a **weakness**. [Community Leader]

Lack of facilities and **stigma** in the city. [Community Leader]

**Denial**, peer pressure, **denial**, lack of desire or incentive to change, **denial**. [Community Leader]

Money, **admitting the truth, wanting help**. [Community Leader]

**Stigma**. [Physician]

Needing treatment but **not wanting it**. Not being in a place where they see that it will actually

help them. That it will actually make their life better and they will get their children back, hold down a job, etc. [Social Services Representative]

**Admitting** that they have a problem and need help. [Social Services Representative]

#### Education/Awareness

**Knowledge** of where to go. [Health Provider, Non-Physician]

**Unaware** of existing programs available. [Health Provider, Non-Physician]

**Lack of information** on programs and how to enter into one. [Health Provider, Non-Physician]

Lack of **awareness** of the damage it does to people's lives. Lack of awareness on the individual level that they may have a problem with substance use. [Physician]

They don't perceive it as a **problem**. [Physician]

Lack of **education** of harmful effects. [Physician]

They don't want help or think they are **not doing anything wrong**. [Health Provider, Non-Physician]

#### Motivation

**Lack of motivation**, little to no income, poor support from family/friends. [Health Provider, Non-Physician]

**Lack of motivation or desire** to change. [Physician]

#### Nature of Addiction

**Addiction** and the need to continue the drug experience makes it hard to stop. Stopping cold turkey would be very difficult. [Social Services Representative]

**Addiction**. [Physician]

#### Culture/Tradition

The **cultural history** of Butte as a hard-living town -- this is generational and remains today. [Director, BSB Public Health Department]

#### Economic

**Poor economy** with low potential to make a living in other markets. [Physician]

#### At-Risk Segments

##### Youth

**Teens** -- drugs are readily available. [Health Provider, Non-Physician]

**Adolescents** - there is a social norm to use substances in many areas of the community. This is in turn role-modeled to the **youth** and is viewed as accepted behavior. This becomes a generational issue. [Social Services Representative]

Teenagers. It has a lot to do with **peer pressure**. [Community Leader]

**Teenagers**, due to lack of activities in the community and healthy outlets. [Health Provider, Non-Physician]

For my practice I worry most about **adolescents** as I am routinely seeing this age group for over dose and misuse however I think the population as a whole is concerning here. [Physician]

**Youth.** [Physician]

#### Low Income Residents

Low income and the **poor** who don't typically have health insurance and are typically more at risk to abuse alcohol and drugs. [Community Leader]

Again, ALL groups experience substance abuse. But my opinion is that the **homeless** and the **poor** seek out drugs more often to escape their current status. [Social Services Representative]

**Socioeconomically depressed.** [Physician]

Low income, **indigent.** [Health Provider, Non-Physician]

#### Mentally Ill

**Mentally ill** patients. [Physician]

#### Perceived Drugs of Choice

**Alcohol** is generally viewed as the most problematic drug of choice in the community, followed by **methamphetamines**, **prescription drugs**, and **marijuana**.

| Perceptions of the Most Problematic Substances Abused in the Community<br>(Among Key Informants Ranking Substance Abuse as a "Major Problem" in the Community) |                  |                         |                        |                |
|--|------------------|-------------------------|------------------------|----------------|
|  | Most Problematic | Second-Most Problematic | Third-Most Problematic | Total Mentions |
| <b>Alcohol</b>   | 72.5%            | 15.0%                   | 2.6%                   | 36             |
| <b>Methamphetamines or Other Amphetamines</b>  | 12.5%            | 37.5%                   | 29.0%                  | 31             |
| <b>Prescription Medications</b>  | 2.5%             | 7.5%                    | 34.2%                  | 17             |
| <b>Marijuana</b>   | 5.0%             | 25.0%                   | 10.5%                  | 16             |
| <b>Heroin or Other Opioids</b>   | 5.0%             | 5.0%                    | 5.3%                   | 6              |
| <b>Over-The-Counter Medications</b>  | 0.0%             | 5.0%                    | 10.5%                  | 6              |
| <b>Cocaine or Crack</b>  | 0.0%             | 2.5%                    | 5.3%                   | 3              |
| <b>Synthetic Drugs</b> (e.g. Bath Salts, K2/Spice)   | 2.5%             | 2.5%                    | 0.0%                   | 2              |
| <b>Inhalants</b>   | 0.0%             | 0.0%                    | 2.6%                   | 1              |
| <b>Club Drugs</b> (e.g. MDMA, GHB, Ecstasy, Molly)   | 0.0%             | 0.0%                    | 0.0%                   | 0              |
| <b>Hallucinogens or Dissociative Drugs</b> (e.g. Ketamine, PCP, LSD, DXM)  | 0.0%             | 0.0%                    | 0.0%                   | 0              |
| <b>Steroids</b>  | 0.0%             | 0.0%                    | 0.0%                   | 0              |

# Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Each year, approximately 443,000 Americans die from tobacco-related illnesses. For every person who dies from tobacco use, 20 more people suffer with at least one serious tobacco-related illness. In addition, tobacco use costs the US \$193 billion annually in direct medical expenses and lost productivity.

Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

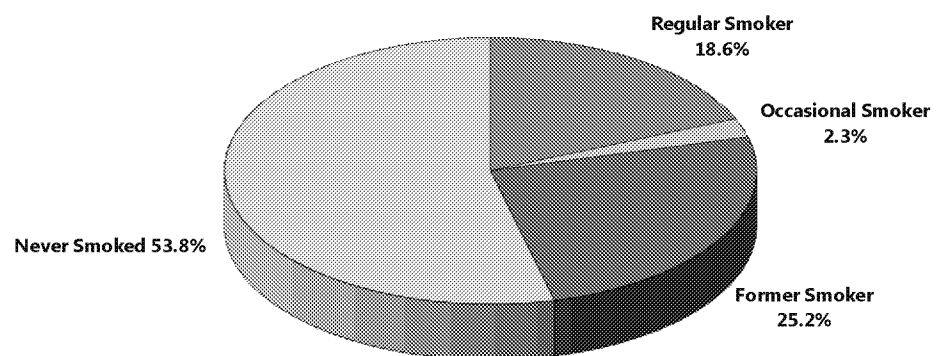
— Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## Cigarette Smoking

### Cigarette Smoking Prevalence

**A total of 20.9% of Primary Service Area adults currently smoke cigarettes, either regularly (18.6% every day) or occasionally (2.3% on some days).**

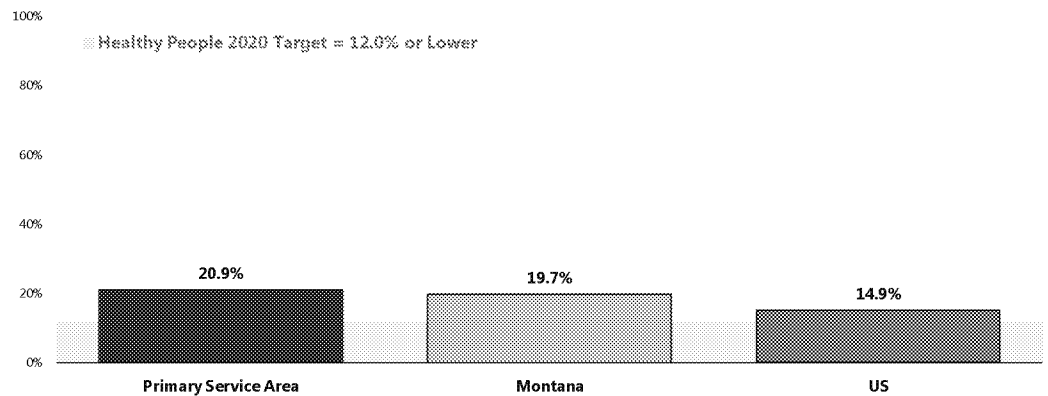
**Cigarette Smoking Prevalence**  
(Primary Service Area, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 160]  
Notes: • Asked of all respondents.

- ◆ Similar to statewide findings.
- ◆ Less favorable than national findings.
- ◆ Fails to satisfy the Healthy People 2020 target (12% or lower).

## Current Smokers



Sources:
 

- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 160]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2012 Montana data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]

Notes:
 

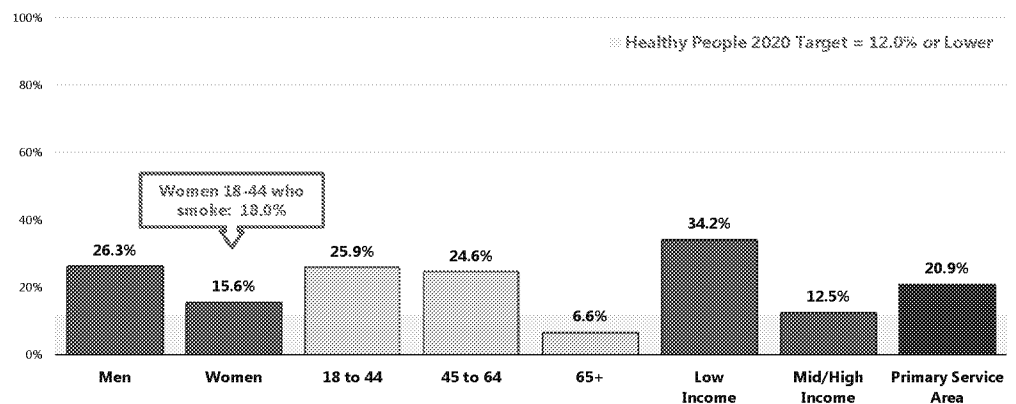
- Asked of all respondents.
- Includes regular and occasional smokers (those who smoke cigarettes everyday or on some days).

Cigarette smoking is more prevalent among:

- ◆ Lower-income residents.
- ◆ Adults under 65.
- ◆ Men.
- ◆ Note also that 18.0% of women of child-bearing age (ages 18 to 44) currently smoke. This is notable given that tobacco use increases the risk of infertility, as well as the risks for miscarriage, stillbirth and low birthweight for women who smoke during pregnancy.

## Current Smokers

(Primary Service Area, 2014)



Sources:
 

- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 160-161]
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]

Notes:
 

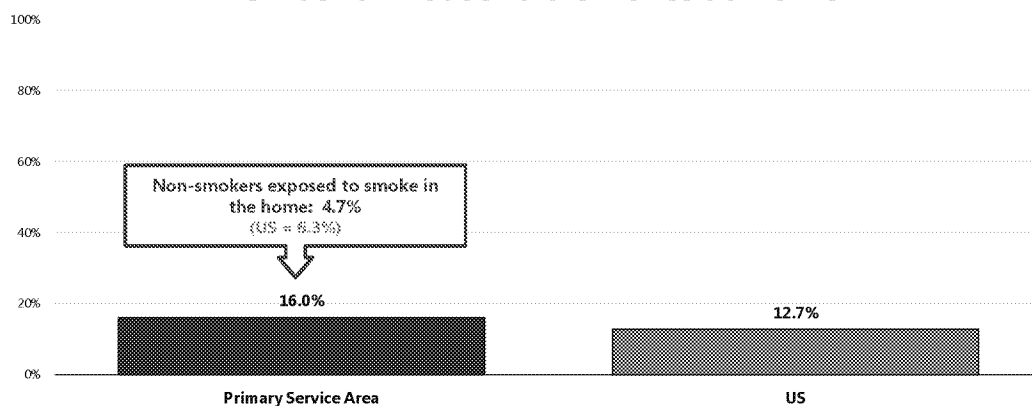
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Includes regular and occasion smokers (everyday and some days).

## Environmental Tobacco Smoke

A total of 16.0% of Primary Service Area adults (including smokers and non-smokers) report that a member of their household has smoked cigarettes in the home an average of 4+ times per week over the past month.

- Statistically similar to national findings.
- 🏠 Note that 4.7% of Primary Service Area non-smokers are exposed to cigarette smoke at home, similar to what is found nationally.

### Member of Household Smokes at Home

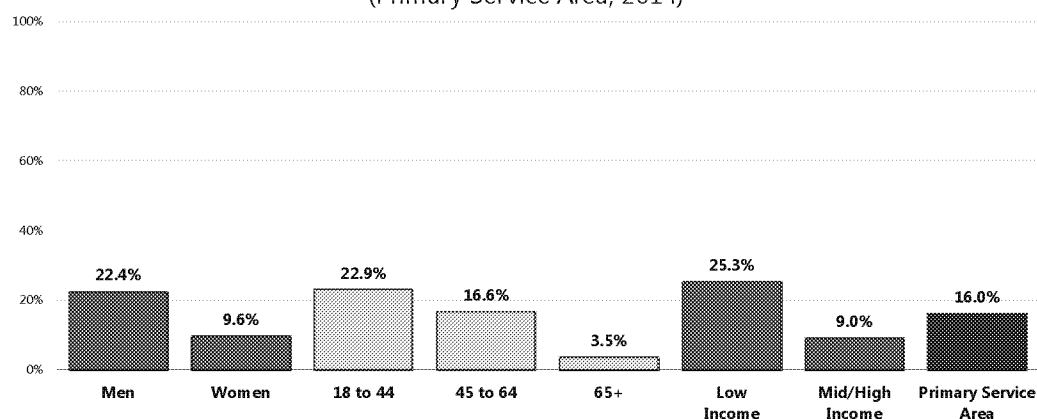


Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 59, 162]  
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.  
• "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

- 🏠 Notably higher among Primary Service Area men, adults under 65 (negative correlation with age), and residents with lower incomes.

### Member of Household Smokes At Home (Primary Service Area, 2014)



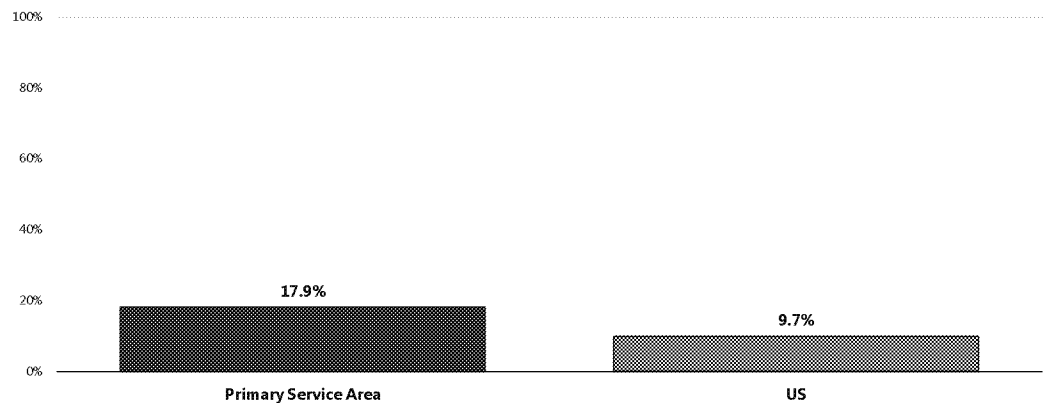
Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]

Notes: • Asked of all respondents.  
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.  
• "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Among households with children, 17.9% have someone who smokes cigarettes in the home.

- Statistically, this is comparable to national findings.

### Percentage of Households With Children In Which Someone Smokes in the Home



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 163]  
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.  
• "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

### Smoking Cessation

Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically; such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention.

— Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

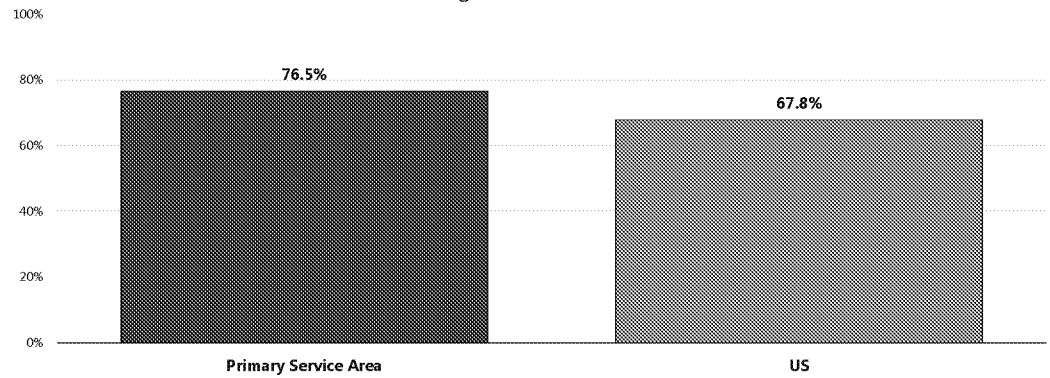
### Health Advice About Smoking Cessation

**A total of 76.5% of smokers say that a doctor, nurse or other health professional has recommended in the past year that they quit smoking.**

- Statistically comparable to the national percentage.



## Advised by a Healthcare Professional in the Past Year to Quit Smoking (Among Current Smokers)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 58]  
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all current smokers.

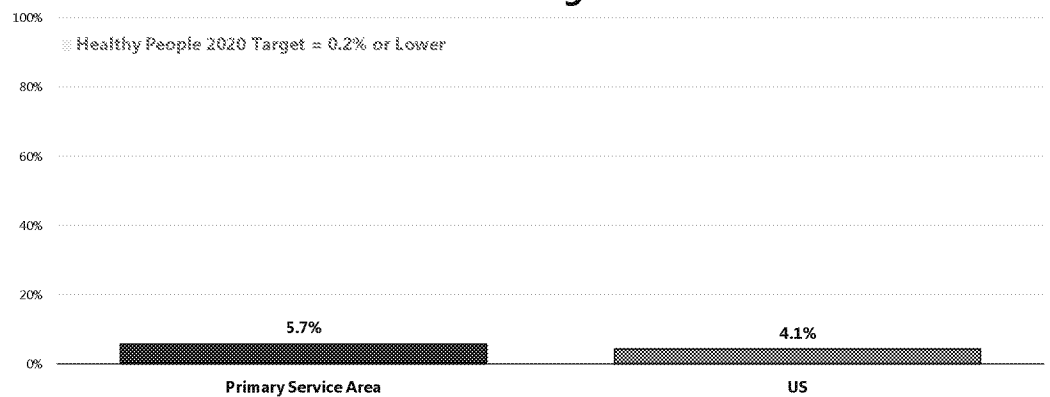
## Other Tobacco Use

### Cigars

A total of 5.7% of Primary Service Area adults use cigars every day or on some days.

- Similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.2% or lower).

### Use of Cigars



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]  
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.3]  
Notes: • Asked of all respondents.

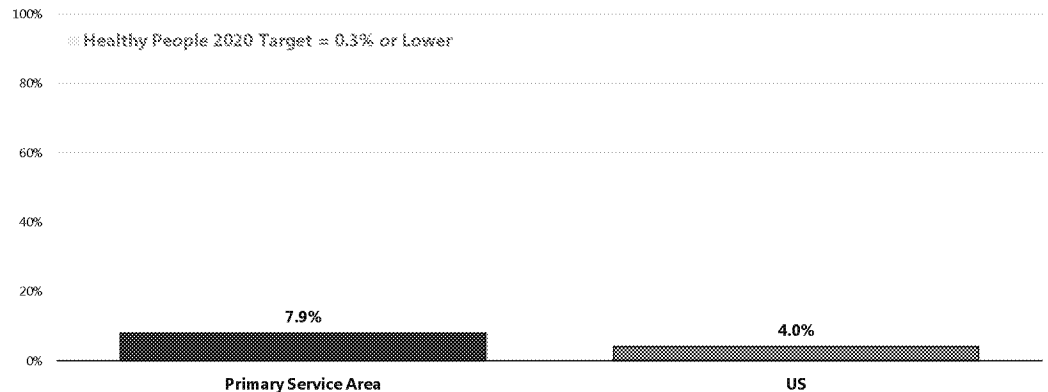
Examples of smokeless tobacco include chewing tobacco, snuff, or "snus."

## Smokeless Tobacco

A total of 7.9% of Primary Service Area adults use some type of smokeless tobacco every day or on some days.

- ◆ Twice the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.3% or lower).

### Use of Smokeless Tobacco



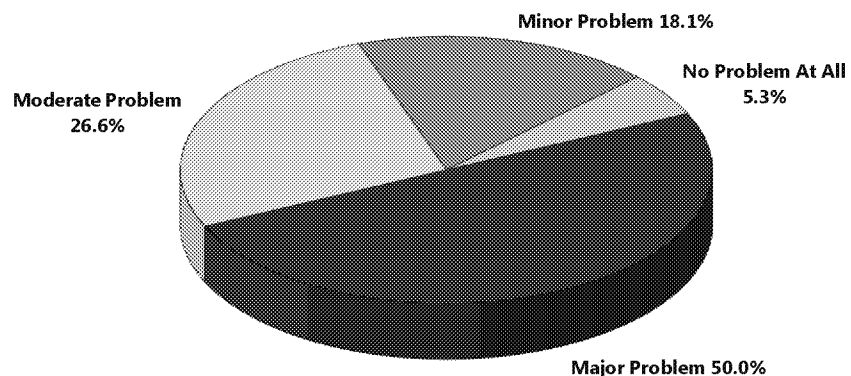
Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 60]  
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.2]

Notes: • Asked of all respondents.  
• Smokeless tobacco includes chewing tobacco or snuff.

## Key Informant Input: Tobacco Use

Just over 3 in 4 key informants taking part in an online survey characterized Tobacco as a "major" (50.0%) or "moderate" (26.6%) problem in the community.

### Perceptions of Tobacco Use as a Problem in the Community (Key Informants, 2014)



Sources: • 2014 PRC Online Key Informant Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.

## Top Concerns

Among those characterizing this as a “major problem,” reasons frequently related to the following:

### High Prevalence of Tobacco Use

*Even though they cannot afford to buy food **almost 50% or more of our clients use tobacco.*** [Social Services Representative]

*Despite the significant dangers, **many continue to use it.** Some elderly people use it while on oxygen.* [Social Services Representative]

*I think **tobacco use is a major problem** in any community, but my reasons for BSB having a problem are qualitative in nature. Cigarette butts littering streets, the stench of old smoke on children's clothing, and the fact that I'm unable to walk through the farmer's market, a festival, or just down the street shopping without navigating a cloud of smoke from someone is a problem to me.* [Health Provider, Non-Physician]

**Most patients smoke.** [Physician]

*Tobacco is **widely used in Butte.** And it starts at a young age such as in middle school or high school.* [Social Services Representative]

**Too prevalent.** [Health Provider, Non-Physician]

*A **majority** of my low income patients smoke. Heart disease is #1 cause of mortality. **Chew tobacco** is an acceptable Montana norm.* [Physician]

*Tobacco use is **very prevalent** in Montana today.* [Health Provider, Non-Physician]

**Most patients smoke.** [Health Provider, Non-Physician]

*Drive by any workplace, restaurant or bar, and you will see a **number of employees and patrons** outside smoking, no matter what the weather is like. Because we are a tobacco-free campus, smokers are supposed to leave campus to smoke. Some do, some “hide” behind trees, down staircases, etc. and leave their butts and trash behind. We have also had challenges with e-cigarettes and are changing our smoking policy to include them.* [Community Leader]

*Since smoking has been banned in public facilities, the number of people standing outside smoking, **even during the cold of winter** is disheartening.* [Community Leader]

*According to BSB Public health Department 26% of adults smoke. It is a socially acceptable **accompaniment to heavy drinking.*** [Community Leader]

*Smoking and smokeless tobacco are **widely used** by young and old in the community.* [Community Leader]

### Youth

**Children begin using too young.** *Poor families seem to find the money to buy cigarettes before they buy essentials like food, milk, diapers, etc.* [Social Services Representative]

*We have a number of people including **young kids** using tobacco, both smoke and smokeless tobacco.* [Health Provider, Non-Physician]

*We see a lot of tobacco use starting at a **very young age.** It takes very little to find someone that smokes or chews. I have been to school fundraiser events where I have seen someone put in*

**chew.** [Health Provider, Non-Physician]

It is a very big problem in my practice and the **high schools.** [Health Provider, Non-Physician]

More **young kids smoke/chew here** than I have seen elsewhere. [Health Provider, Non-Physician]

It seems that most males use smokeless tobacco and so many people smoke here. This includes all ages, unfortunately a **high number of high school age** students. [Health Provider, Non-Physician]

It is a **generational problem.** The children see their parents smoking, so they start smoking, too. Plus, there is peer pressure to start smoking. [Physician]

Too many **youth** using tobacco. [Community Leader]

**Underage tobacco use** is atrocious. [Physician]

Lots of **teenage kids smoke or chew tobacco** and this leads to poor habits and potential other illegal drugs. Cause increased asthma exacerbation, allergies, and illness in children. [Physician]

I see many people smoking in the programs I manage. I also work near the high school and I see **many high school students** smoking. [Social Services Representative]

#### Addiction

That is a good question. This one truly baffles me. We have all the data, education and the fact that it is extremely expensive yet **people still do it** flabbergasts me. Of course we know that nicotine is the most addictive substance on earth so once someone starts it is **extremely difficult to stop.** [Social Services Representative]

Many of our citizens are **addicted to cigarettes** for various reasons. [Physician]

Addiction...tobacco is such a strong **addiction.** [Community Leader]

Most of our patients are tobacco users and are **unwilling to consider cessation.** [Health Provider, Non-Physician]

Use. They are **dependent.** [Community Leader]

#### Culture/Tradition

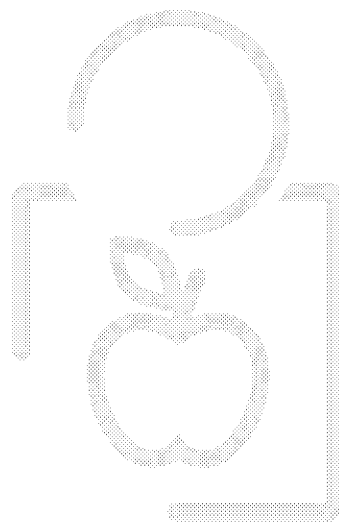
It's the **culture** of the town -- known as a "tough" town and smoking is part of that persona. [Health Provider, Non-Physician]

**Blue collar culture**, which smoking has been a part of for years. [Health Provider, Non-Physician]

**Smokeless tobacco** is used by many men and boys participating in sports. It is perceived as being "**cool.**" [Community Leader]

Because it is socially acceptable to smoke, and with the amount of drinking in this town people often **smoke while drinking.** [Physician]

# ACCESS TO HEALTH SERVICES

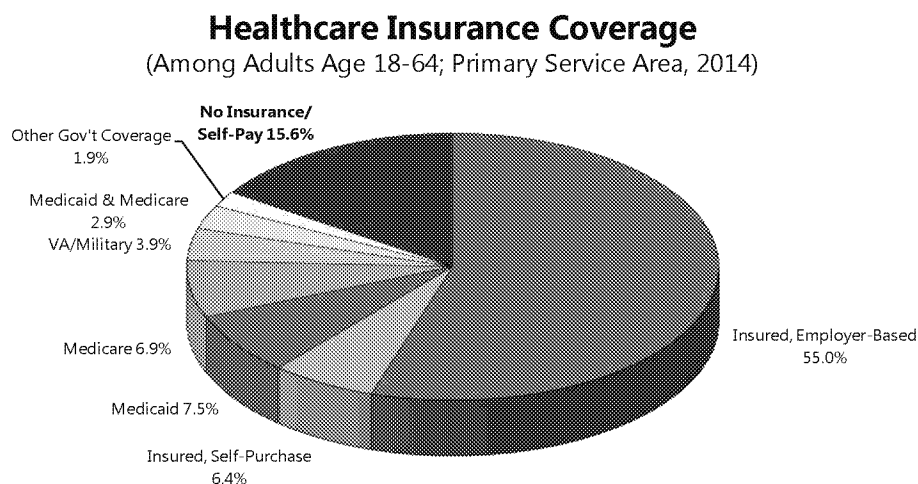


# Health Insurance Coverage

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.

## Type of Healthcare Coverage

A total of 61.4% of Primary Service Area adults age 18 to 64 report having healthcare coverage through private insurance. Another 23.1% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]  
Notes: • Reflects respondents age 18 to 64.

## Lack of Health Insurance Coverage

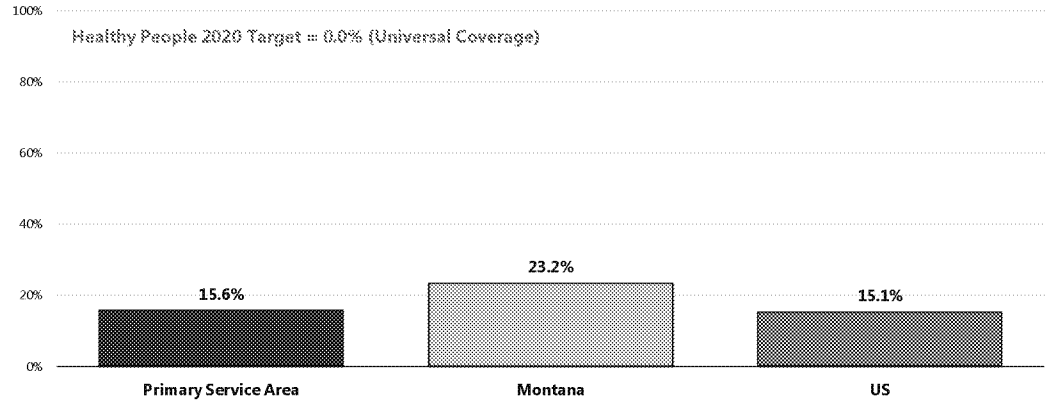
Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Among adults age 18 to 64, 15.6% report having no insurance coverage for healthcare expenses.

- More favorable than the state finding.
- Similar to the national finding.
- The Healthy People 2020 target is universal coverage (0% uninsured).

## Lack of Healthcare Insurance Coverage

(Among Adults Age 18-64)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2012 Montana data.  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]

Notes: • Asked of all respondents under the age of 65.

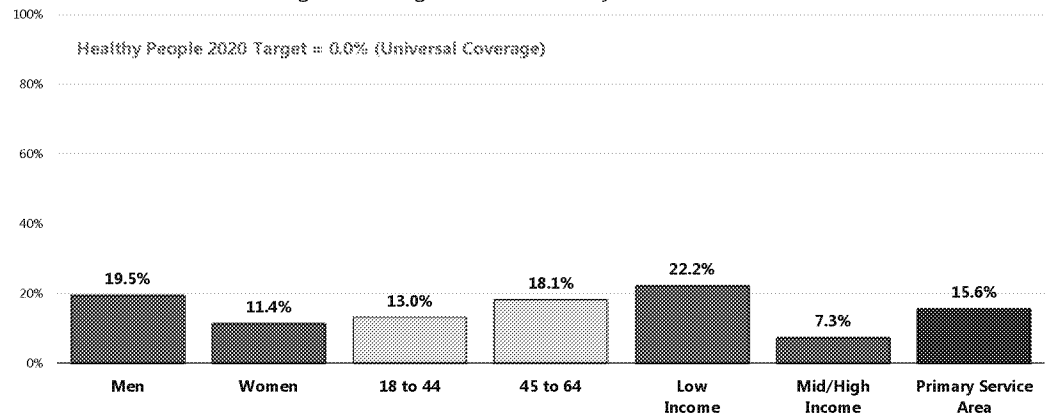
The following population segments are more likely to be without healthcare insurance coverage:

Men.

Residents living at lower incomes (note the 22.2% uninsured prevalence among low-income adults).

## Lack of Healthcare Insurance Coverage

(Among Adults Age 18-64; Primary Service Area, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]  
 • Asked of all respondents under the age of 65.

Notes: • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

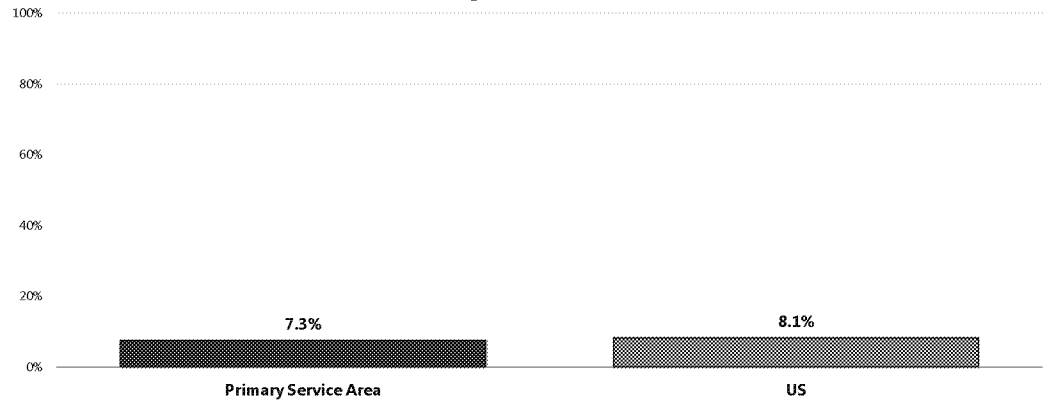
## Recent Lack of Coverage (Insurance Instability)

Among currently insured adults in the Primary Service Area, 7.3% report that they were without healthcare coverage at some point in the past year.

- ◆ Similar to US findings.

### Went Without Healthcare Insurance Coverage At Some Point in the Past Year

(Among Insured Adults)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 79]  
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all insured respondents.

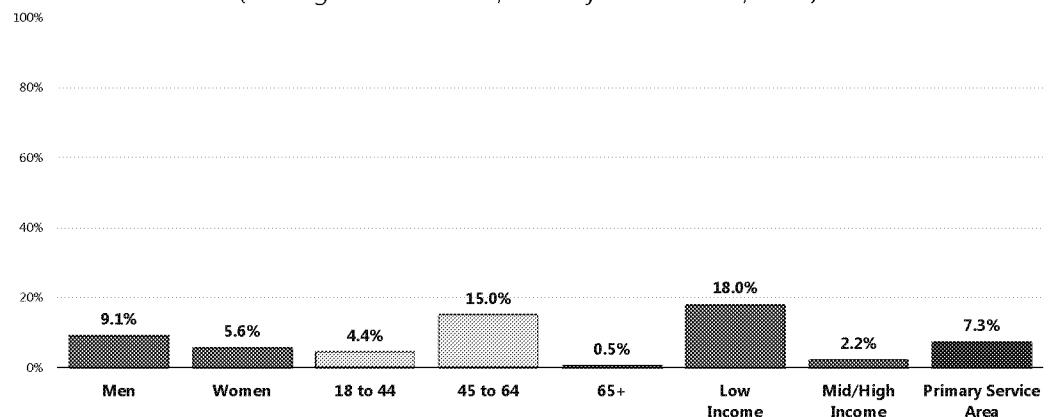
Among insured adults, the following segments are more likely to have gone without healthcare insurance coverage at some point in the past year:

▤ Lower-income residents.

▤ Adults aged 45 to 64.

### Went Without Healthcare Insurance Coverage At Some Point in the Past Year

(Among Insured Adults; Primary Service Area, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 79]

Notes: • Asked of all insured respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.



# Difficulties Accessing Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

— Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## Difficulties Accessing Services

A total of 39.2% of Primary Service Area adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- ◆ Almost identical to national findings.

### Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 172]  
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

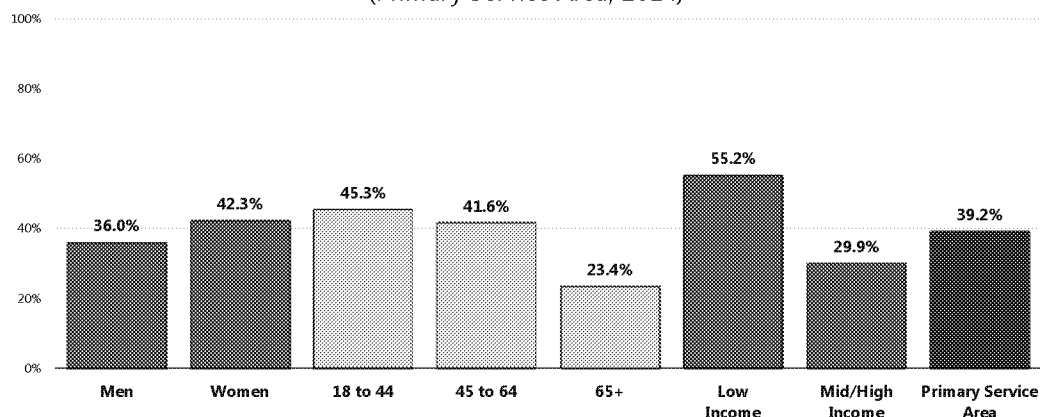
Notes: • Asked of all respondents.  
• Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

Note that the following demographic groups more often report difficulties accessing healthcare services:

- 🏠 Lower-income residents.
- 👤 Adults under the age of 65.

## Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

(Primary Service Area, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 172]

Notes: • Asked of all respondents.

• Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Barriers to Healthcare Access

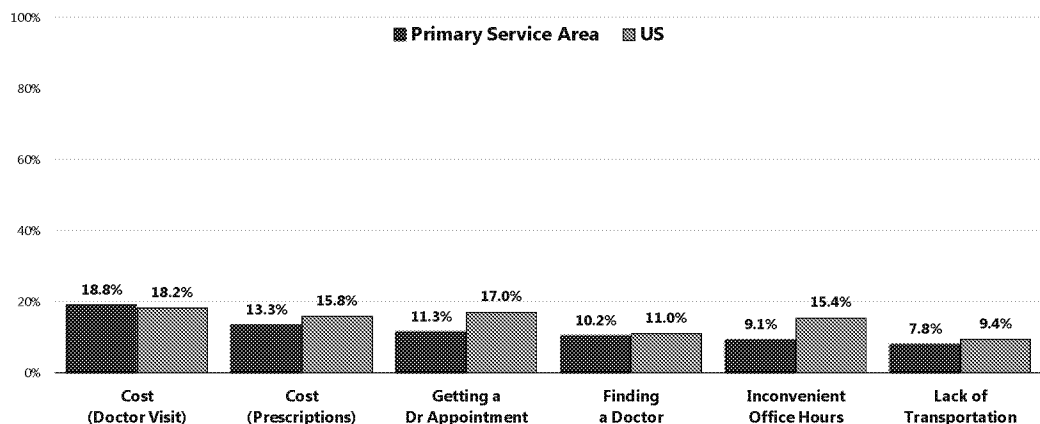
To better understand healthcare access barriers, survey participants were asked whether any of six types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

Of the tested barriers, cost of a physician visit impacted the greatest share of Primary Service Area adults (18.8% say that cost prevented them from obtaining a visit to a physician in the past year).

- The proportion of Primary Service Area adults impacted was statistically comparable to or better than that found nationwide for **each** of the tested barriers.

## Barriers to Access Have Prevented Medical Care in the Past Year



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-12]

• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

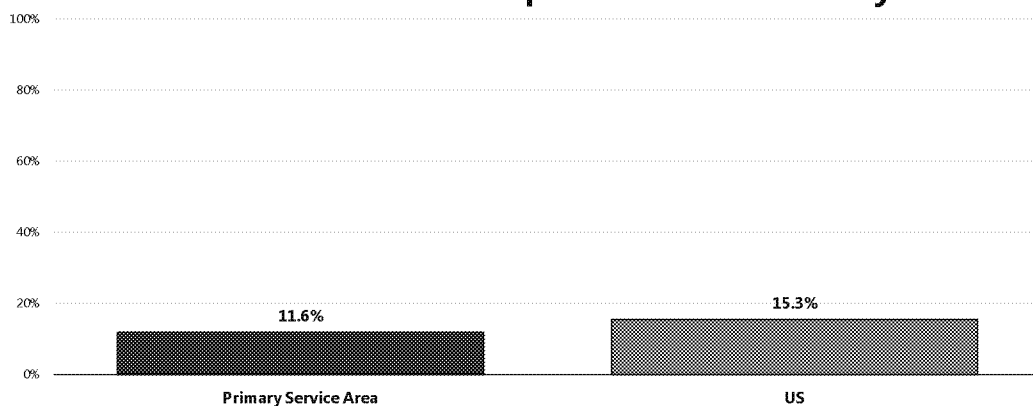
Notes: • Asked of all respondents.

## Prescriptions

Among all Primary Service Area adults, 11.6% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- ◆ Statistically similar to the national figure.

### Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money



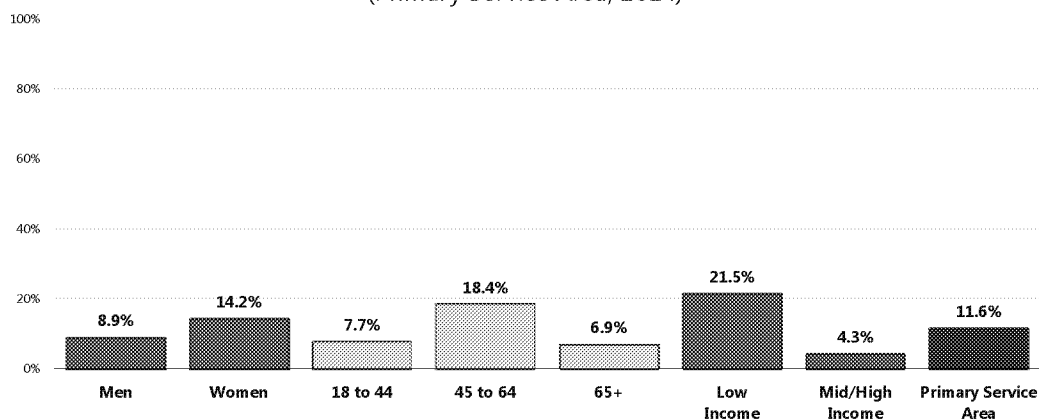
Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 13]  
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Adults more likely to have skipped or reduced their prescription doses include:

- ◆ Respondents with lower incomes.
- ◆ Adults age 45 to 64.

### Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money (Primary Service Area, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 13]

Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

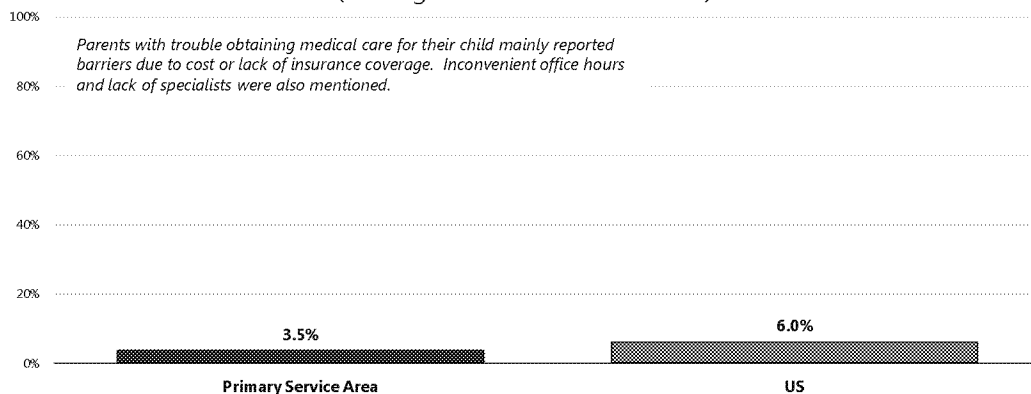
## Accessing Healthcare for Children

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly-selected child in their household.

A total of 3.5% of parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.

- ◆ Statistically similar to what is reported nationwide.

### Had Trouble Obtaining Medical Care for Child in the Past Year (Among Parents of Children 0-17)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 111-112]  
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents with children 0 to 17 in the household.

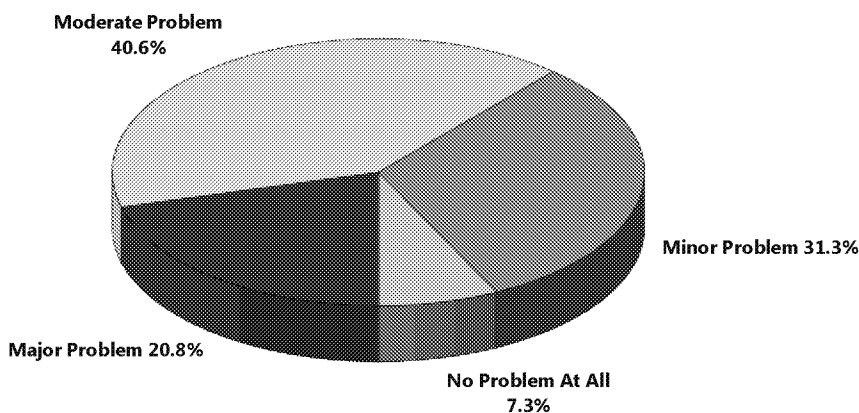
Among the parents experiencing difficulties, the majority cited **cost or a lack of insurance** as the primary reason; others cited inconvenient office hours and a lack of specialists.

## Key Informant Input: Access To Health Services

Over 60% of key informants taking part in an online survey characterized *Access to Health Services* as a “major” (20.8%) or “moderate” (40.6%) problem in the community.

### Perceptions of Access to Healthcare Services as a Problem in the Community

(Key Informants, 2014)



Sources: • 2014 PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

## Top Concerns

Among those who feel that Access to Health Services is a “major problem,” reasons frequently related to the following:

### Medicaid/Uninsured/Underinsured

Many of the people in our area rely on **Medicare and Medicaid** so some of the health services will not accept them as new patients. [Social Services Representative]

When **Montana did not approve Medicaid expansion**, it left a large segment of the population without the means to cover their healthcare expenses. These people do not have access to Primary Care, so as a last resort they go to the ED. By this time, their condition has worsened and their care is expensive. [Community Leader]

Too many people with no or inadequate **health insurance**. [Health Provider, Non-Physician]

There are many **uninsured patients** who are denied access to many clinics. There is also a disproportionate number of mentally ill patients who do not receive adequate care at Western. Their care is then assumed by primary care providers who are not trained specifically in psychiatry. [Health Provider, Non-Physician]

**Patients without insurance** struggle to access specialty care, and some specialties are a considerable drive that many patients cannot make. [Physician]

The majority of **patients in our community are unfunded or underfunded** and there are relatively few medical groups that will see this population. The community health center is physically out of space for providers and therefore cannot continue to add providers to help this population. Also our **community tends to view the ER as an access point** and this is a behavior we need to change. [Physician]

Ability to pay, lack of physicians, lack of hospital specialization. [Health Provider, Non-Physician]

The large number of uninsured and under insured patients. [Physician]

### Shortage of Medical Specialists & Services

Community dynamics, population size, and poverty contribute to the **inability to obtain and keep providers and specialists in the area**. In most instances the we are very limited in specialty areas to complete a plan of care. Many of our patients can't afford to travel distances to receive the care they need. [Health Provider, Non-Physician]

**Shortage of internal medicine and family practice providers**. It takes a minimum of 6 weeks for new people in town to establish with a healthcare provider. Also we have a **shortage of mental health providers** and resources for the needs of our community. [Physician]

There is a **lack of qualified doctors offering specialized services** in Silver Bow. Because of this, people are referred to Helena, Bozeman or Missoula and in some cases Salt Lake City. Not everyone has means to travel to those cities. And many times treatment doesn't take place. Additionally, not all places take all insurance plans. Not sure that the Affordable Healthcare Act because of additional costs to doctors will make it any better. [Social Services Representative]

**Mental illness and substance use/abuse service availability** especially for those requiring inpatient services and treatment. [Health Provider, Non-Physician]

Lack of **female OB/GYN**. [Health Provider, Non-Physician]

Available **home health services**. [Physician]

**Lack of fulltime neurologist** with hospital privileges. [Health Provider, Non-Physician]

Many issues, such as **no rheumatologist or nephrologist** in Butte cause people to go to other communities to access their healthcare. [Social Services Representative]

**Cost. Available providers.** [Physician]

#### Other Comments

For our clients, few have **transportation**. [Social Services Representative]

Decades of infighting between Mercury Street docs & docs aligned with hospital continues to **fragment medical community** and reduces support for local specialists. [Health Provider, Non-Physician]

**Lack of communication from professionals**, no follow through and patients feel lost so they do not follow through on their end. [Social Services Representative]

#### Impacted Populations

Key informants frequently identified the following as segments that experience particular difficulty accessing healthcare services:

##### Low-Income Residents & Medicaid Recipients

There is a culture of **poverty and substance use** - it is difficult to assist them in receiving any services, education, facilitating change for themselves and their families. [Health Provider, Non-Physician]

**Working poor without insurance and lack of Medicaid expansion** in Montana. [Health Provider, Non-Physician]

Children in families with **no or inadequate insurance**. [Health Provider, Non-Physician]

All groups face some difficulty but the **poor** face the greatest difficulty due to costs and availability of specialized services. [Social Services Representative]

**People who "fell between the cracks" when Medicaid expansion** was rejected in the state of Montana. The elderly also have difficulties accessing healthcare services. [Community Leader]

**Medicaid patients** have most difficulty obtaining services. There are a number of groups which don't get Medicaid reimbursement and therefore aren't serviced by said group. For example, Medicaid does not reimburse for lactation consultation. [Physician]

**Lower socioeconomic** groups. [Physician]

##### Those With Mental Health Needs

**Mental health** - lack of resources in crisis situation. Intellectual disabilities - they are pushed aside unless it is an emergency. Failure to communicate effectively. [Social Services Representative]

**Mental illness and substance use/abuse.** [Health Provider, Non-Physician]

**Patients with mental health needs**, very few masters or doctoral mental health providers.  
[Health Provider, Non-Physician]

**Indigent, mentally ill, substance abuse.** [Health Provider, Non-Physician]

Our Emergency Department is overburdened with **mental health and substance abuse patients** with 50% of the beds being occupied for people in acute mental health crisis making it an far from ideal situation for people in crisis and not conducive to caring for other patients.  
[Physician]

# Primary Care Services

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

— Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## Specific Source of Ongoing Care

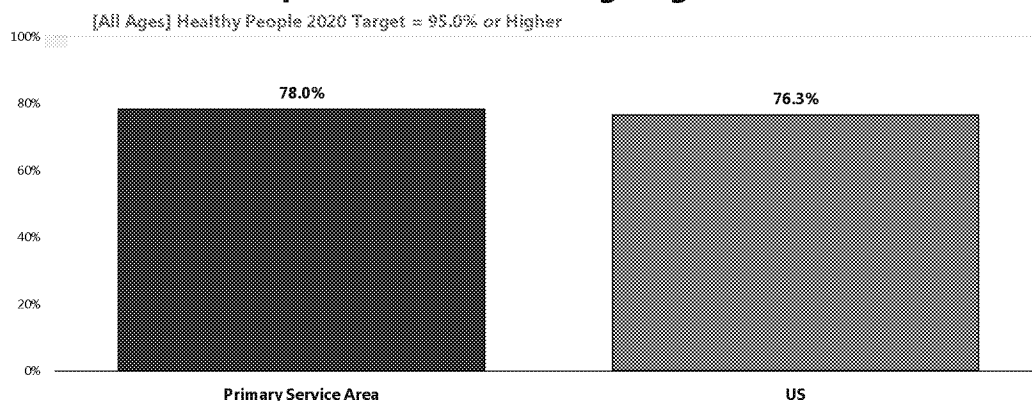
Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health.

A hospital emergency room is not considered a source of ongoing care in this instance.

**A total of 78.0% of Primary Service Area adults were determined to have a specific source of ongoing medical care.**

- ◆ Similar to national findings.
- ◆ Fails to satisfy the Healthy People 2010 objective (95% or higher).

### Have a Specific Source of Ongoing Medical Care



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-5.1]  
 Notes: • Asked of all respondents.



- ☞ When viewed by demographic characteristics, men are less likely to have a specific source of care.
- ☞ Among adults age 18-64, 77.3% have a specific source for ongoing medical care, similar to national findings.
  - Fails to satisfy the Healthy People 2020 target for this age group (89.4% or higher).
- ☞ Among adults 65+, 80.5% have a specific source for care, nearly identical to the percentage reported among seniors nationally.
  - Fails to satisfy the Healthy People 2020 target of 100% for seniors.

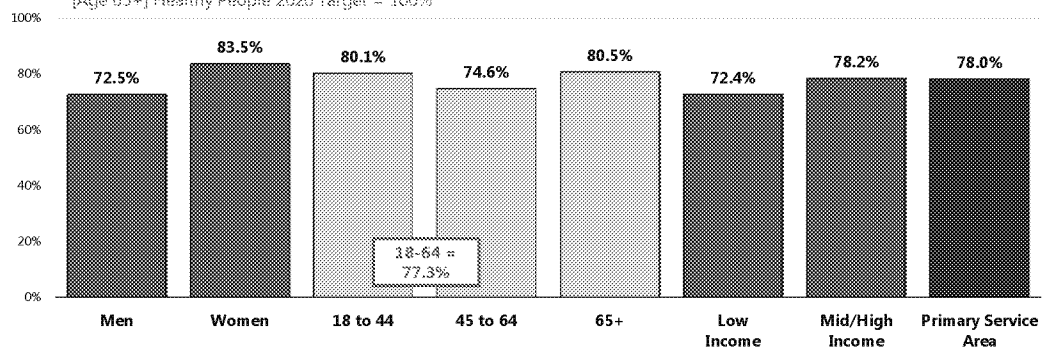
## Have a Specific Source of Ongoing Medical Care

(Primary Service Area, 2014)

[All Ages] Healthy People 2020 Target = 95.0% or Higher

[Age 18-64] Healthy People 2020 Target = 89.4% or Higher

[Age 65+] Healthy People 2020 Target = 100%



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 169-171]

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives AHS-5.1, 5.3, 5.4]

Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

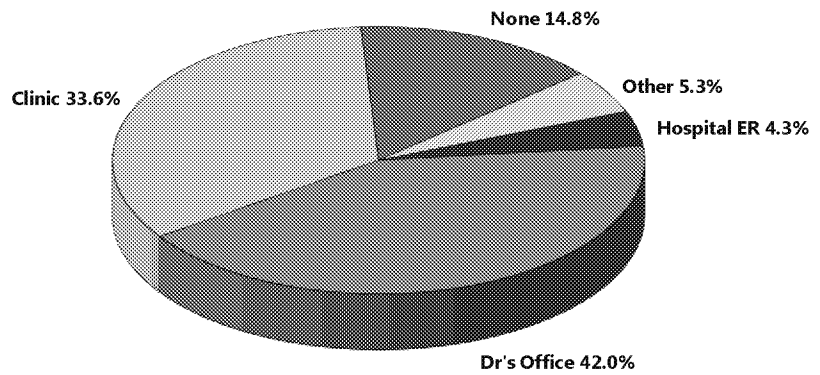
## Type of Place Used for Medical Care

When asked where they usually go if they are sick or need advice about their health, the greatest share of respondents (42.0%) identified a particular doctor's office.

A total of 33.6% say they usually go to some type of clinic, while 4.3% rely on a hospital emergency room.

## Particular Place Utilized for Medical Care

(Primary Service Area, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 15-16]  
Notes: • Asked of all respondents.

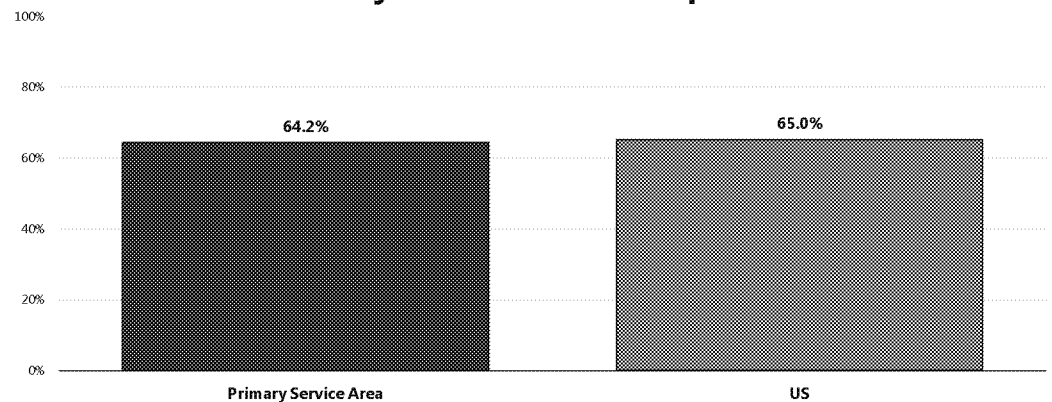
## Utilization of Primary Care Services

### Adults

More than 6 in 10 adults (64.2%) visited a physician for a routine checkup in the past year.

- Comparable to national findings.

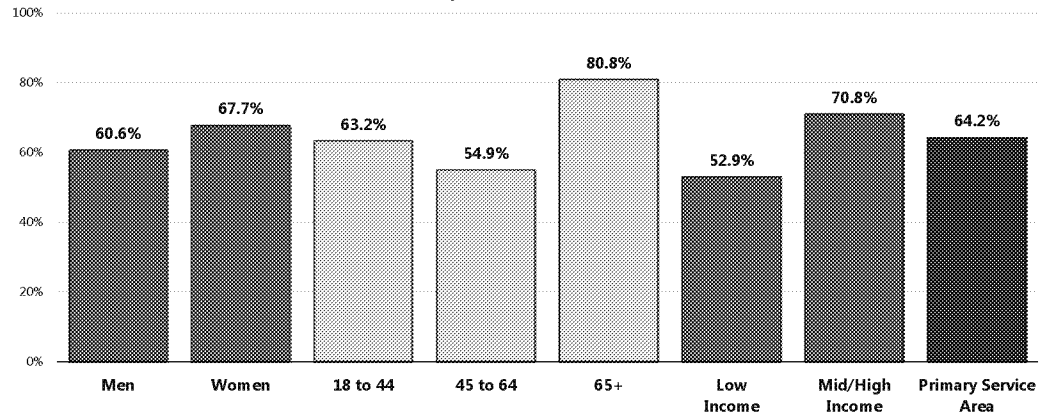
## Have Visited a Physician for a Checkup in the Past Year



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 17]  
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.

Adults under age 65 are less likely to have received routine care in the past year, as are those living at the lower income level.

## Have Visited a Physician for a Checkup in the Past Year (Primary Service Area, 2014)



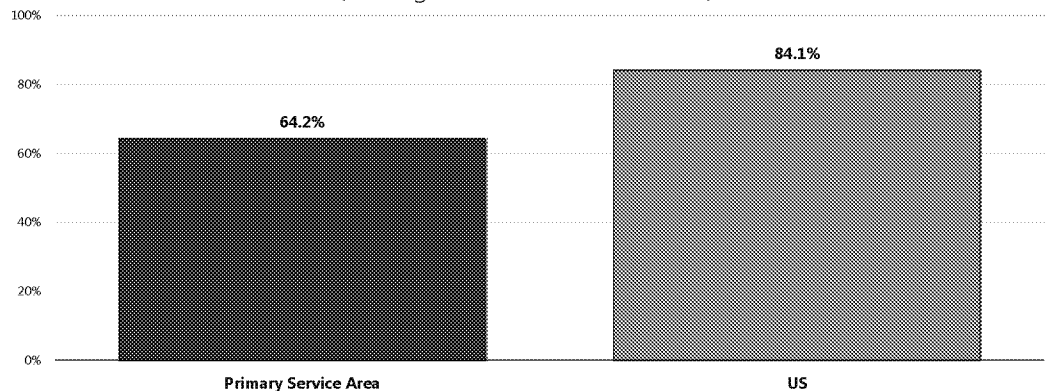
Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 17]  
 Notes: • Asked of all respondents.  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Children

Among surveyed parents, 64.2% report that their child has had a routine checkup in the past year.

- Well below national findings.

## Child Has Visited a Physician for a Routine Checkup in the Past Year (Among Parents of Children 0-17)



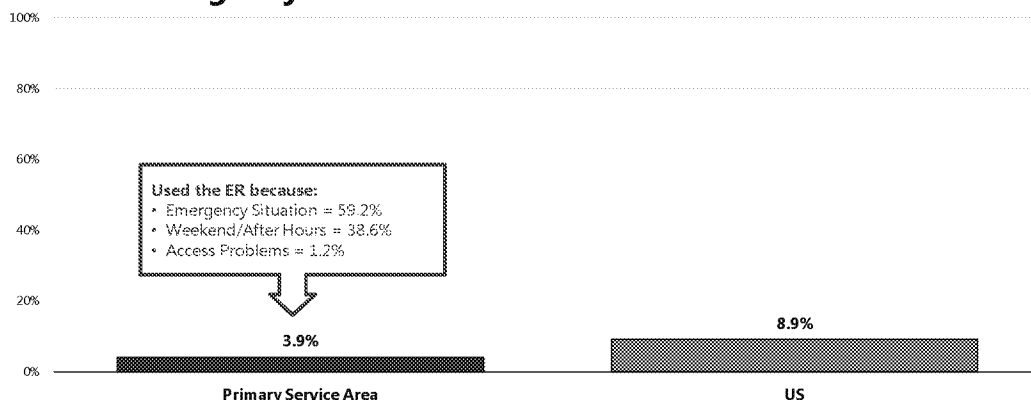
Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 113]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents with children 0 to 17 in the household

# Emergency Room Utilization

A total of 3.9% of Primary Service Area adults have gone to a hospital emergency room more than once in the past year about their own health.

- Much lower than national findings.

## Have Used a Hospital Emergency Room More Than Once in the Past Year



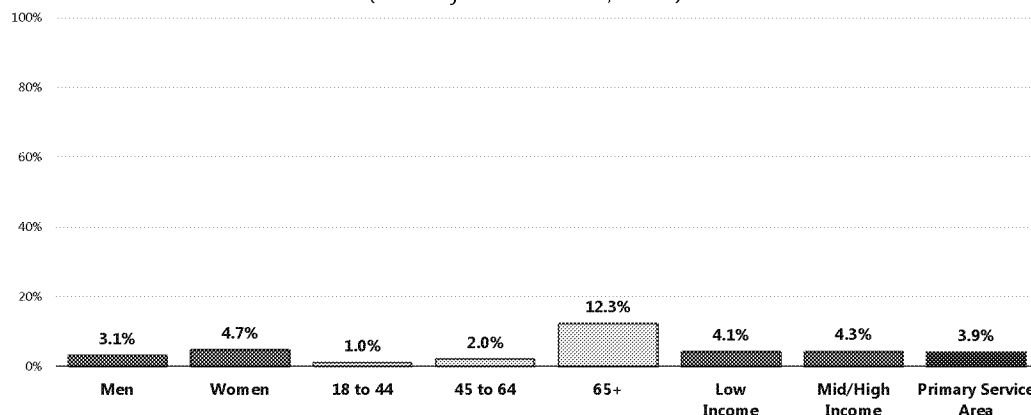
Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 23-24]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Of those using a hospital ER, 59.2% say this was due to an **emergency or life-threatening situation**, while 38.6% indicated that the visit was during **after-hours or on the weekend**. A total of 1.2% cited **difficulties accessing primary care** for various reasons.

- Seniors in the Primary Service Area are more likely to have used an ER more than once in the past year for medical care.

## Have Used a Hospital Emergency Room More Than Once in the Past Year (Primary Service Area, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 23]  
 Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

# Oral Health

The health of the mouth and surrounding craniofacial (skull and face) structures is central to a person's overall health and well-being. Oral and craniofacial diseases and conditions include: dental caries (tooth decay); periodontal (gum) diseases; cleft lip and palate; oral and facial pain; and oral and pharyngeal (mouth and throat) cancers.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include:

- Tobacco use
- Excessive alcohol use
- Poor dietary choices

Barriers that can limit a person's use of preventive interventions and treatments include:

- Limited access to and availability of dental services
- Lack of awareness of the need for care
- Cost
- Fear of dental procedures

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Community water fluoridation and school-based dental sealant programs are 2 leading evidence-based interventions to prevent tooth decay.

Major improvements have occurred in the nation's oral health, but some challenges remain and new concerns have emerged. One important emerging oral health issue is the increase of tooth decay in preschool children. A recent CDC publication reported that, over the past decade, dental caries (tooth decay) in children ages 2 to 5 have increased.

Lack of access to dental care for all ages remains a public health challenge. This issue was highlighted in a 2008 Government Accountability Office (GAO) report that described difficulties in accessing dental care for low-income children. In addition, the Institute of Medicine (IOM) has convened an expert panel to evaluate factors that influence access to dental care.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

— Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## Dental Care

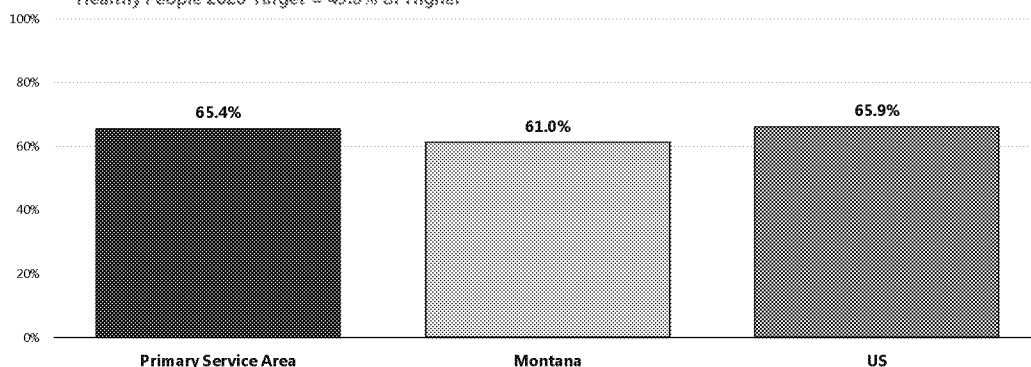
### Adults

Nearly two-thirds (65.4%) of Primary Service Area adults have visited a dentist or dental clinic (for any reason) in the past year.

- Similar to statewide findings.
- Similar to national findings.
- Satisfies the Healthy People 2020 target (49% or higher).

### Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2020 Target = 49.0% or Higher



Sources:

- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2012 Montana data.

Notes:

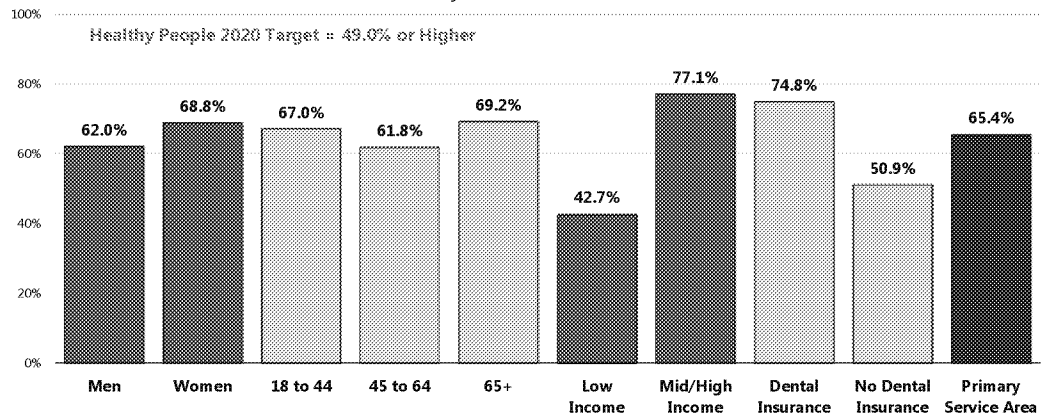
- Asked of all respondents.

Note the following:

- 🏠 Persons living in the higher income categories report much higher utilization of oral health services (low-income adults fail to satisfy the Healthy People 2020 target).
- 🏠 As might be expected, persons without dental insurance report much lower utilization of oral health services than those with dental coverage.

## Have Visited a Dentist or Dental Clinic Within the Past Year

(Primary Service Area, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]

Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

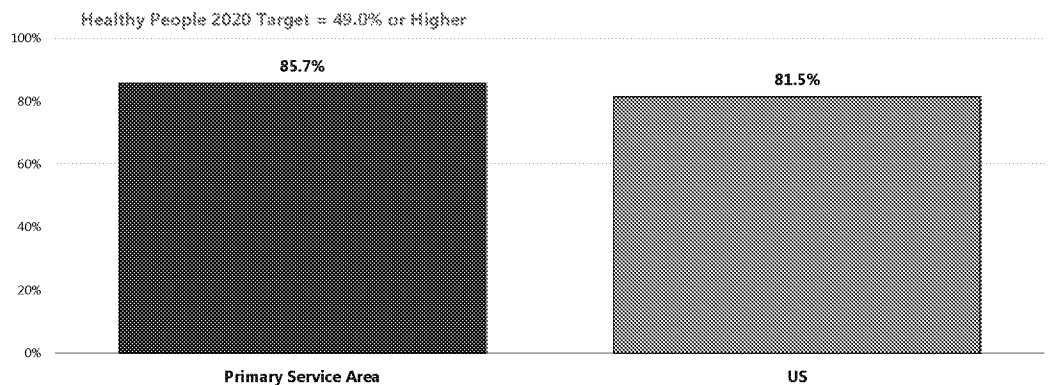
## Children

A total of 85.7% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- Comparable to national findings.
- Satisfies the Healthy People 2020 target (49% or higher).

## Child Has Visited a Dentist or Dental Clinic Within the Past Year

(Among Parents of Children 2-17)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 116]

• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]

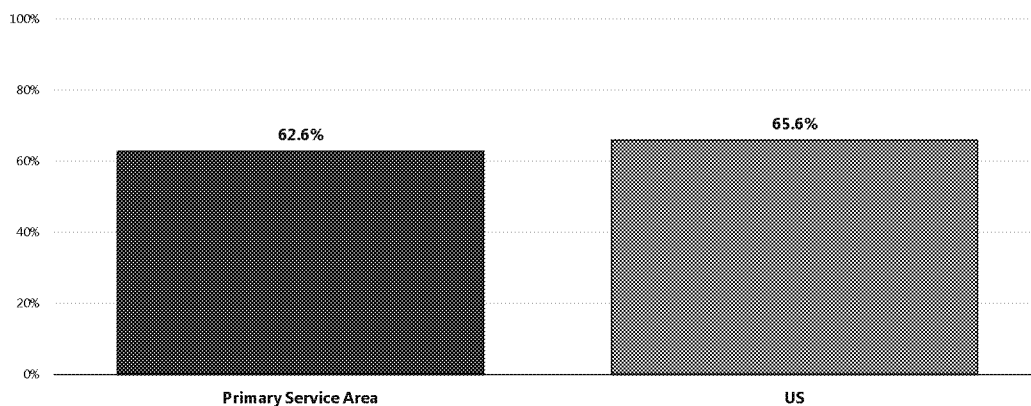
Notes: • Asked of all respondents with children age 2 through 17.

## Dental Insurance

Over 6 in 10 Primary Service Area adults (62.6%) have dental insurance that covers all or part of their dental care costs.

- ◆ Similar to the national percentage.

### Have Insurance Coverage That Pays All or Part of Dental Care Costs



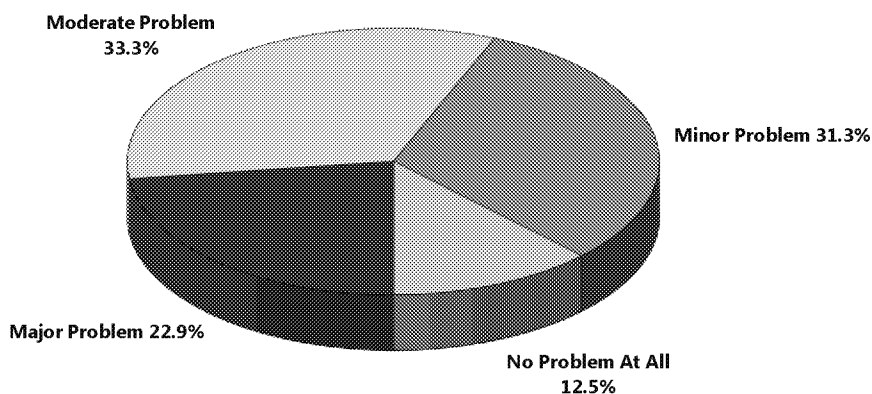
Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]  
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.

## Key Informant Input: Oral Health

More than half of key informants taking part in an online survey characterized *Oral Health* as a "major" (22.9%) or "moderate" (33.3%) problem in the community.

### Perceptions of Oral Health/Dental Care as a Problem in the Community

(Key Informants, 2014)



Sources: • 2014 PRC Online Key Informant Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.



## Top Concerns

Among those characterizing this as a “major problem,” reasons frequently related to the following:

### Education/Awareness

People **don't care** about their teeth or have money to get their teeth fixed. [Health Provider, Non-Physician]

Being a dentist I see how often people neglect dental care. It is not a priority for a lot of people and they **do not realize the long-term consequences** of taking a tooth out instead of saving it. Preventative care is the cheapest and easiest dental care but people push it off. [Health Provider, Non-Physician]

Most people are **unaware of options** for dental care in Butte and think they need to go to Bozeman, Helena, Missoula for children's dental care, dental implants, periodontal disease, and other problems. [Health Provider, Non-Physician]

I frequently hear that it is hard to get into a dentist here and I know that there are offices that are not accepting new patients. Our office and others in the community do accept new patients and I think a lot of people end up at the Community Health Clinic because **they think no one else is taking new patients**. [Health Provider, Non-Physician]

Lack of **education of parents** on what are good oral health practices. Getting parents to do what they know to be good oral healthcare practices. Decreasing the ingestion of sugary beverages and putting children to bed with bottles. [Physician]

**Poor understanding** among young families and parents about what constitutes appropriate nutritional choices. Poor decisions about caring for teeth. [Physician]

### Lack of Resources

**Not enough dentists** at Community Health, **not enough early screenings**, not enough early education in daycares, fluoride need. [Social Services Representative]

There are lots of dentists, but **few endodontists** and probably none that deal with TMJ. Most specialized services are referred out to Bozeman or Helena or Missoula. Encouraging specialists to Butte would be difficult especially if the clientele have difficulty paying. [Social Services Representative]

Again as with medical health there are **not enough providers** willing to see unfunded or underfunded patients therefore those who do see this population are always under pressure to see more do more. [Physician]

**Poor access**, especially for poor and underserved for preventive care. [Physician]

### Cost/Expense

The **ability to afford** dental/oral healthcare is nonexistent for middle-class persons. [Social Services Representative]

There is a high number of people who don't come to the dentist until their teeth are so damaged they need to have the tooth pulled. This is due to the **cost of dental care** and lack of dental insurance **coverage**. Even the existing dental insurance is poor in paying for dental work. [Health Provider, Non-Physician]

## Fluoride

*Fluoride should be in the **city water**. That would be the biggest way to impact the oral care of the community. [Health Provider, Non-Physician]*

*Lots of dental caries. Many children undergo surgery for cavities. Lots of juice and soda in the community. Poor teeth brushing habits. No **fluoride** in the city water. [Physician]*

## Other Concerns

*We see a lot of individuals who are using **drugs** and have very few teeth. [Social Services Representative]*

*Poor **hygiene**. [Physician]*

*I see a lot of really bad teeth coming thru the **ED**. [Physician]*

## At-Risk Segments

### Low-Income Residents

*The **low income** has difficulty accessing dental care. Although we have a CHC, it is difficult to get in. Patients haven't been taught routine visits and prevention. [Health Provider, Non-Physician]*

***Socioeconomically depressed**. [Physician]*

*All groups face it but without semi-annual visits to the dentist and daily brushing etc, the **homeless** and **poor** seem at greatest risk of dental/oral health issues. Toothpaste and a brush are not located on street corners and not accessible to the poor. [Social Services Representative]*

### Age

***Middle-age individuals** have the hardest time because they are working and do not want to miss work or cannot miss work. Most parents are very good at taking care of their children but often times neglect themselves. [Health Provider, Non-Physician]*

*Seems to be **people less than 40**. Some is related to drug use but others just related to plain neglect since childhood. [Physician]*

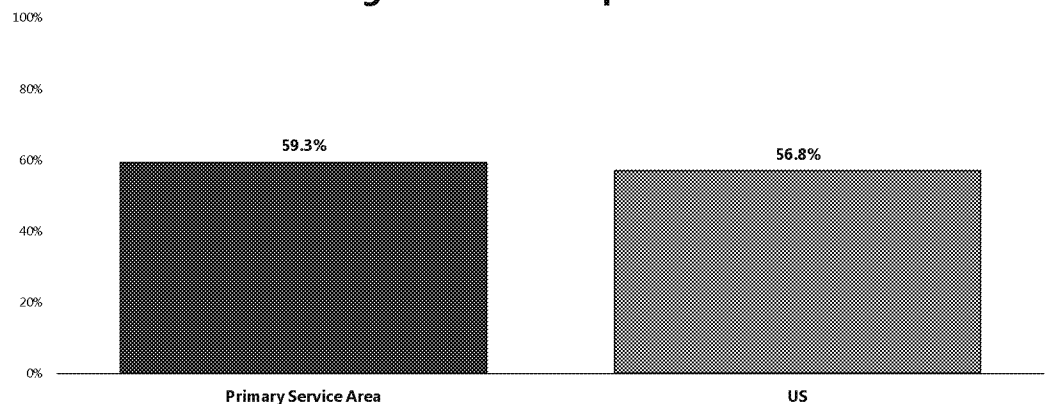
# Vision Care

RELATED ISSUE:  
See also *Vision & Hearing* in  
the **Deaths & Disease**  
section of this report.

A total of 59.3% of residents had an eye exam in the past two years during which their pupils were dilated.

- Statistically comparable to national findings.

## Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated

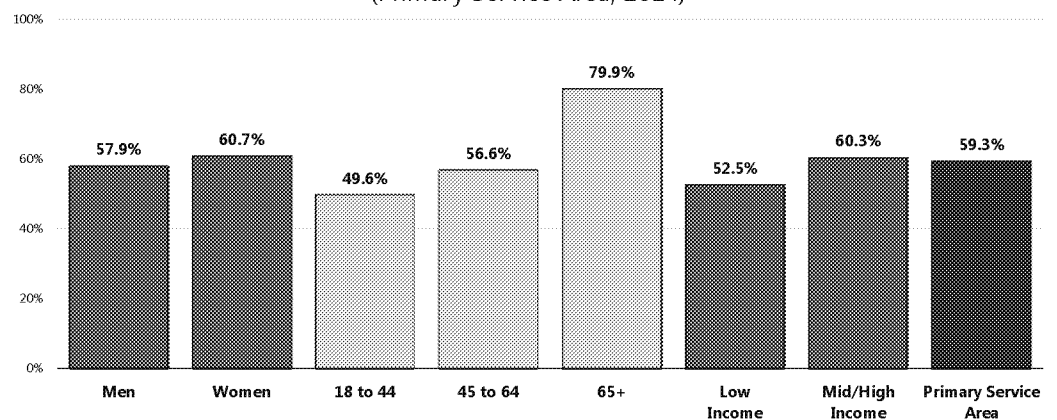


Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]  
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

- 👴 Recent vision care in the Primary Service Area is more often reported among seniors (age 65+).

## Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated (Primary Service Area, 2014)

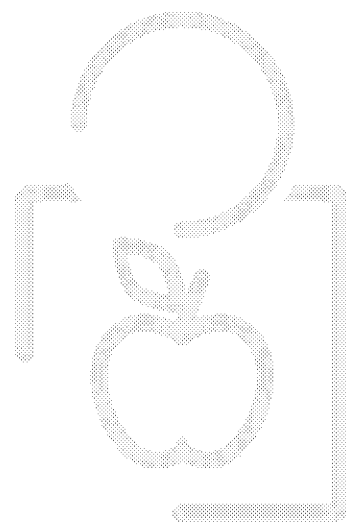


Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]

Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

# LOCAL RESOURCES

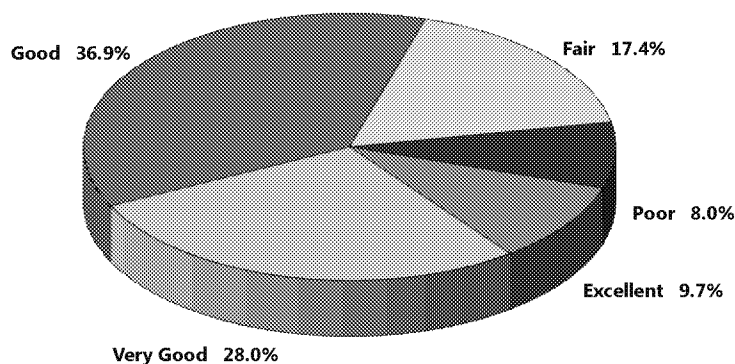


# Perceptions of Local Healthcare Services

More than one-third of Primary Service Area adults (37.7%) rates the overall healthcare services available in their community as "excellent" or "very good."

- Another 36.9% gave "good" ratings.

## Rating of Overall Healthcare Services Available in the Community (Primary Service Area, 2014)

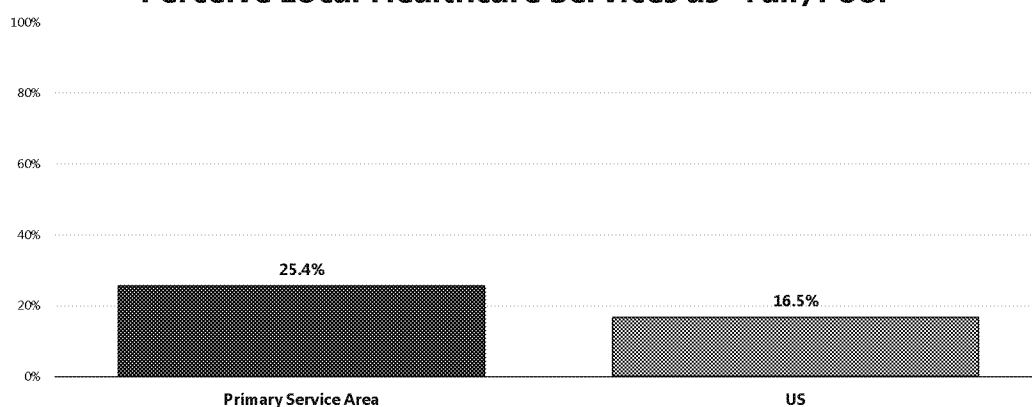


Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]  
Notes: • Asked of all respondents.

However, 25.4% of residents characterize local healthcare services as "fair" or "poor."

- Less favorable than reported nationally.

## Perceive Local Healthcare Services as "Fair/Poor"



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]  
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.

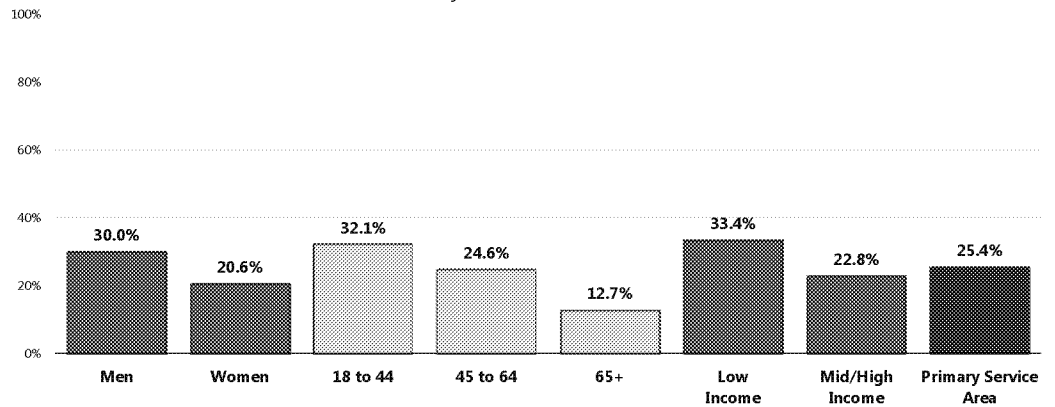
The following residents are more critical of local healthcare services:

Men.

Adults under age 65 (negative correlation with age).

### Perceive Local Healthcare Services as "Fair/Poor"

(Primary Service Area, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]

Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

# Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) available to address the significant health needs identified in this report. This list is not exhaustive, but rather outlines those resources identified in the course of conducting this Community Health Needs Assessment.

- ◆ A Plus Home Health Care
- ◆ AA, NA, Al-Anon
- ◆ Acadia Montana
- ◆ Adult Protective Services
- ◆ Area V Agency on Aging
- ◆ AWARE Program
- ◆ BAC OFF Smoking Quit Line
- ◆ Belmont Senior Center — Meals on Wheels, Home Healthcare, Alzheimer Support Groups
- ◆ Big Sky Senior Living
- ◆ BSW, Inc.
- ◆ Bus Service
- ◆ Butte Adult Mental Health Center
- ◆ Butte AIDS Support Services (BASS)
- ◆ Butte Care and Rehabilitation Center
- ◆ Butte Community Council
- ◆ Butte Community Diabetes Network
- ◆ Butte Family Dental
- ◆ Butte Home Health & Hospice
- ◆ Butte Pre-Release Center
- ◆ Butte-Silver Bow Chemical Dependency Services
- ◆ Butte-Silver Bow Department of Health
- ◆ Butte-Silver Bow Drug Task Force
- ◆ Butte-Silver Bow Parks and Recreation
- ◆ Centralized Intake
- ◆ Chamber of Commerce
- ◆ Chantix Hotline
- ◆ Children's Mental Health Committee

- ◆ Chiropractors
- ◆ Churches
- ◆ Clark's Park
- ◆ Community, Counseling, and Correctional Services, Inc. (CCCS)
- ◆ Connections Corrections Program
- ◆ Counselors
- ◆ Crisis Line
- ◆ DARE
- ◆ Department of Family Services
- ◆ Dialysis Center
- ◆ Domestic Violence Hotline
- ◆ DUI and Drug Courts
- ◆ Easter Seals-Goodwill Highlands Hospice
- ◆ Family Outreach
- ◆ Family Planning Clinic
- ◆ Fit Kids Program
- ◆ Fitness Courts
- ◆ Food Bank, Food Stamps
- ◆ Food Establishments
- ◆ Frontier
- ◆ Fuel Fitness
- ◆ Greenwood Assisted Living
- ◆ Gym Dandy
- ◆ Hayes Morris House
- ◆ Head Start
- ◆ Health Clubs and Organized Sports Teams
- ◆ Health Fairs
- ◆ Healthy Montana Kids
- ◆ Highland Hearing Center
- ◆ Intermountain
- ◆ Law Enforcement
- ◆ Lewistown State Hospital
- ◆ Life Management Associates LLC
- ◆ Local Counselors —Community and Schools
- ◆ Local Dentists
- ◆ Local Eye Doctors
- ◆ Local Markets & Grocers



- ◆ Local Media
- ◆ Local Pediatricians and Family Physicians
- ◆ Local Pharmacies and State Prescription Registries
- ◆ Local School Districts
- ◆ Local School-based Programs
- ◆ Local Social Workers
- ◆ Local State Legislators
- ◆ Local Support Groups
- ◆ Mariposa
- ◆ Marquis Butte Independent Living Cottages & Marquis Vintage Suites
- ◆ Montana Chemical Dependency Center (MCDC)
- ◆ Montana Department of Health and Human Services
- ◆ Montana Independent Living
- ◆ Montana Mental Health Services
- ◆ Montana Quit Line
- ◆ Montana State Hospital
- ◆ Montana Tech
- ◆ Montana Third District Dental Society
- ◆ Moving Mountain Fitness
- ◆ North American Indian Alliance
- ◆ Public Housing Education Programs
- ◆ REACT Group at Butte High
- ◆ Rocky Mountain Clinic
- ◆ Safe Space
- ◆ Salvation Army
- ◆ Severe Disabling Mental Illness Waiver
- ◆ Shodair Children's Hospital
- ◆ Silver Bow Developmental Disabilities Council, Inc.
- ◆ Silver House
- ◆ SMART Program
- ◆ Smelter City Family Development Center
- ◆ Southwest Montana Community Health Center — Dental Clinic, Nutritionist, Therapists, Farmer's Market, Local Races
- ◆ Southwest Montana Mental Health Services
- ◆ Spectrum
- ◆ St. James Cancer Center
- ◆ St. James Emergency Department

- ◆ St. James Healthcare
- ◆ St. James Healthcare Foundation
- ◆ St. James Healthcare Pain Center
- ◆ St. Pete's Behavioral Health
- ◆ Thompson Park
- ◆ University of Montana
- ◆ Victims/Witness Advocate Program
- ◆ Walking/Biking Parks and Trails
- ◆ WATCH Program
- ◆ Western Montana Mental Health Center (WMMHC)
- ◆ WIC Program
- ◆ YMCA
- ◆ Youth Dynamics